



## **Memorandum of Understanding** **HBCU Graduate Pharmacy Grant**

**The following information outlines the eligibility requirements and conditions for the South University HBCU Graduate Pharmacy Grant. This grant is being offered to eligible new students in the Doctor of Pharmacy Degree program at the Savannah campus that display strong academic success.**

### **New Student Eligibility Requirements for the first two quarters of enrollment:**

- (1) Applicant must be a graduate from a partner HBCU
- (2) Applicant is a new student who is planning to attend South University School of Pharmacy.
- (3) Award is contingent upon the application and acceptance into the pharmacy program at South University, Savannah.
- (4) Must be an enrolled student and actively attending classes by June 2023.
- (5) Must be continuously enrolled as a full-time student with no unapproved breaks in enrollment.
- (6) Must have a minimum cumulative GPA\* of 3.5 to receive \$10,000 to be equally disbursed over the first two quarters of enrollment.
- (7) After the first two quarters, eligible students would transition to the Continuing Eligibility criteria below.
- (8) Student must have a signed Memorandum of Understanding on file prior to disbursement.

### **Continuing Eligibility Requirements:**

- (1) Must be continuously enrolled as a full-time student in the pharmacy program at South University, Savannah with no unapproved breaks in enrollment.
- (2) After quarter two, must have and maintain a minimum cumulative GPA of 3.50 at the end of each quarter of enrollment to receive a quarterly \$1200 Future minority Pharmacy grant for quarters 3 - 12, up to \$12,000 during these quarters.
- (3) Must maintain compliance with all student responsibilities as outlined in the University's Academic Catalog and Student Handbook.
- (4) Total grant is capped at \$22,000 for eligible students.

### **Additional Conditions:**

- (1) The HBCU Graduate Pharmacy Grant cannot be redeemed for cash and cannot create a stipend; grant will be applied to tuition and fees.
- (2) New students who meet the eligibility requirements for the June term start will be receiving the initial first and second term disbursements as indicated above. Subsequent disbursement eligibility will be based on the prior terms' cumulative GPA.
- (3) The HBCU Graduate Pharmacy Grant will remain in effect each quarter of enrollment the student meets the eligibility criteria.
- (4) If a student fails to meet the eligibility criteria at an evaluation period, the student is no longer eligible to receive the grant for the next term. Subsequent terms will continue to be evaluated for eligibility until the student graduates or reaches the maximum grant allowance.
- (5) In the event that the student's enrollment is terminated either by the student or the institution, including but not limited to withdrawal, cancel, academic termination, financial termination, or expulsion; or in the event that the student fails to fulfill the terms of the grant, only the portion of the grant awarded for terms completed and partial terms attempted up to the date of determination will be honored. Any portion of the grant scheduled to be awarded after the date of determination or loss of student eligibility becomes null and void.
- (6) The HBCU Graduate Pharmacy Grant may NOT be combined with any other institutional awards, including the Military Tuition Scholarship.

### **General Conditions:**

- (1) South University reserves the right to cancel, suspend and/or modify the HBCU Graduate Pharmacy Grant or any part of it. South University will provide a notice to eligible students 30 days prior to implementing changes to the grant. If terminated, South University may, at its sole discretion, determine the Future Minority Pharmacy Grant recipients from among eligible students received up to the time of such action using the eligibility procedure outlined above.
- (2) South University, in its sole discretion, reserves the right to disqualify any eligible student who is in violation of student responsibilities as outlined in the University's Academic Catalog and Student Handbook.

### **Limited Liability:**

- (1) South University is not responsible for:
  - a. Any incorrect or inaccurate information whether caused by the student, printing typographical or other errors or by any of the equipment or programming associated with or utilized in the Future Minority Pharmacy Grant.
  - b. Printing, typographical, technical, computer, network or human error which may occur in the administration of HBCU Graduate Pharmacy Grant, the uploading, the processing or the announcement of the HBCU Graduate Pharmacy Grant or in any grant-related materials.
- (2) Disputes: Except where prohibited, eligible students agree that all disputes, claims and causes of action arising out of or connected with this grant program shall be resolved individually, through the Student Affairs Office at South University.



## Memorandum of Understanding

### Student Acknowledgement

**By signing this Memorandum of Understanding, I agree that:**

- (1) I have chosen to accept the South University HBCU Graduate Pharmacy Grant.
- (2) If I fail to meet the cumulative GPA requirements, the HBCU Pharmacy Grant will be rescinded for future terms; however if I'm able to re-establish GPA eligibility after successfully meeting the required cumulative GPA minimum, the South University HBCU Graduate Pharmacy Grant may be reinstated.
- (3) If I fail to meet any of the other non-GPA based eligibility requirements, the HBCU Graduate Pharmacy Grant, I will be responsible for the cost of the program.
- (4) I have read and agreed to the above terms and conditions of the HBCU Graduate Pharmacy Grant and I understand the nature of the grant and the extent of my obligations.

Student Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_

If signatory/student is under the age of 18, the Parent or Legal Guardian must also sign below. By signing below said Parent or Legal Guardian represents that he/she has the legal right to and does consent to the terms and conditions of this Transfer Grant. Said Parent or Legal Guardian further certifies to the best of his/her ability; the information contained in this application is accurate.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address (If different from student's) \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening: \_\_\_\_\_

By checking this box, I consent to representatives of South University contacting me about **EDUCATIONAL OPPORTUNITIES** via email, text or phone, including my mobile phone if provided above, using an automatic dialer. I understand that my consent is not a requirement for any purchase. Message and data rates may apply. I understand that I may withdraw my consent at any time.

\* Incoming cumulative GPA is calculated based on PharmCAS application. Applicant with incoming cumulative GPA of < 3.5 may be considered on individual basis.

Programs, credential levels, technology, and scheduling options vary by school and are subject to change. Not all programs are available to residents of all U.S. states. Administrative office: South University, 709 Mall Blvd, Savannah, GA 31406 © 2022. South University. All rights reserved.