**[Scholarship Name]**

**SCHOLARSHIP ACCEPTANCE AGREEMENT**

***Your scholarship is contingent upon returning this document for your scholarship file***. Please complete and return it in the enclosed self-addressed envelope. You are encouraged to make a copy of this document for your own records.

As a recipient of the **[Scholarship Name]**, I hereby acknowledge that I must adhere to the following criteria. Please initial on each line to indicate your acceptance.

\_\_\_\_\_ a) **Enroll in and complete** a minimum of **12 credit hours** per semester;

\_\_\_\_\_ b) Maintain a minimum **[2.0] cumulative grade point average**;

\_\_\_\_\_ c) Attend **[Institution]** and major in **[specify or any]**;

\_\_\_\_\_ d) This scholarship **[renewable/one-time] [up to]**

In addition, please acknowledge your acceptance of the following by checking the box:

I understand that if I do not return this form and my class schedule to the [Institution] by **[Deadline Date]**, my scholarship will be automatically forfeited.

I hereby acknowledge that I have read the enclosed Scholarship Program Policies, and I understand that my scholarship will be terminated if I fail to abide by them. I also understand that failure to adhere to my school’s code of conduct and policies could result in the termination of my scholarship.

I understand that the scholarship is paid half each semester and is contingent upon meeting the eligibility criteria identified above and submitting an official transcript at the end of the semester.

This scholarship may be revoked if I receive full scholarship funding from other sources prior to receiving this award. In no case may this award be paid directly to me or be used to reimburse another benefactor. ***On a separate sheet of paper, please list all scholarships you have received and the dollar amounts for each*.**

I will promptly notify the [Institution] of any changes in my choice of university, program of study, and/or contact information.

**I plan to attend** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**and major in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address

| [Name], [Title], [Institution] [Phone-Number] [Email] [Address] |
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