**[Scholarship Name] – TERMS OF AWARD AGREEMENT**

*This scholarship is awarded subject to the conditions included herein. Please read this document very carefully.* ***This form must be returned to the [Foundation] at the address listed at the bottom of this page by [Deadline Date] or the scholarship may be rescinded.***

To acknowledge this agreement and to accept this scholarship award and receive the funds, please return a signed original copy of this Terms of Award Agreement to the [Foundation] office. Keep the second copy for your files. All correspondence should be sent to the [Foundation] at the address at the bottom of this page.

**Recipient: [Name]   
College: [Institution]  
Award Date: [Date]**

**CONDITIONS:**

1. **Payment of Award** – Scholarship checks are mailed directly to the recipient’s college or university by [Deadline Date]of each year, for payment towards the **second** semester’s tuition bill. The scholarship check is made payable to both the college/university and the [Foundation] Scholar. Recipients will receive the sum of $\_\_\_\_\_ in each year of college **for a total not to exceed $\_\_\_\_\_**, provided the recipient continues to meet the conditions described herein.

2. **Attendance Requirement** – To receive these scholarship monies each year, students must be enrolled at least half-time in a degree-granting program at an accredited college or university. If the recipient fails or ceases to meet these conditions, no further scholarship funds will be forthcoming and any scholarship checks that have been issued but not deposited must be returned to the [Foundation]. Students may take a leave of absence, and must notify the [Foundation] if they do so. Scholarship payments will be made over a maximum of six (6) years.

3. **Reporting of Scholarship Award** – Recipients receiving financial aid from their college are obligated to report the [Scholarship Name] to the college’s financial aid office.

4. **Transfers –** While there are some restrictions, transfers to a college or university different than the one listed above are often allowed. **In all cases of a transfer, you must notify the [Foundation] in writing by [Deadline Date]if you change institutions.** Please confirm for us in writing that you are still enrolled at least half-time and pursuing a degree. We will need this information for our annual verification process each fall, before scholarship checks are mailed. The rules regarding transfers are as follows:

• All transfers within and between [State] colleges or universities are allowed, as are transfers from out- of-state institutions to in-state institutions. **If you were awarded a scholarship to attend a [State] college or university (see college listed above), transferring to an out-of-state college or university after you have begun your studies in [State] will result in forfeiting the [Scholarship Name]**

*Your signature below indicates acceptance of and agreement to be bound by these Terms of Award. By signing below you also give permission to the*  [Foundation] *to share and receive information from your school and use your hometown/college information in promotional materials. Thank you.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Scholarship Recipient \_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home City & Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School e-mail address

**Name of College/University:   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Return all correspondence to: [Address]