**[Foundation] Scholarship Agreement**

I, the undersigned student, accept the [Scholarship Name] subject to the terms set forth in my Scholarship Award Letter. I understand that my receiving the Scholarship is also contingent on my commitment to meet each of the following requirements:

1. I will keep the [Foundation] informed of my current mailing address, e-mail address, and phone number, both at home and at school. I understand that in the event that mail is returned to the [Foundation], my Scholarship may be terminated.

2. I will conduct myself at all times in a fashion that brings credit to the [Foundation], and will comply in all respects with my [Foundation]’s code of conduct.

3. I will file a Free Application for Federal Student Aid (FAFSA) form prior to each school year and will promptly notify the [Foundation] of any and all changes in my financial circumstances.

4. I will promptly notify the [Foundation] of any and all scholarships, grants, or other forms of financial assistance that I may receive from any and all sources.

5. I will maintain a cumulative grade point average not less than the minimum average provided in my Scholarship Award Letter.

6. I will maintain full-time enrollment status as defined by my university and will obtain advance permission from the [Foundation] prior to making any changes in my full-time enrollment status, including withdrawal or transfer.

7. I will meet all deadlines and attend all mandatory functions. If I am not able to meet a deadline or attend a mandatory function, I will call or e-mail the [Foundation] before the deadline or function to obtain prior approval.

**Authorizations**

I give the [Foundation] permission to use my name, likeness and/or high school/college history in any of its publications or presentations.

I understand that the [Foundation] reserves the right to retroactively change or eliminate the Scholarship in the event that the financial condition of the recipient changes, or if the financial condition of the recipient is otherwise than as represented to the [Foundation].

I authorize my university to send to the [Foundation] a copy of my grades and to confirm my enrollment.

I authorize my university to release to and discuss with the [Foundation] all my financial and enrollment information, as well as grades, academic status, and performance.

I accept and agree to the terms of my [Scholarship Name] and I understand that if I fail to meet any of the above requirements, I may lose all or part of my Scholarship.

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

Print Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_