[Date]

[Name]

[Address]

Dear [Student’s Name]:

Congratulations! I am very pleased to inform you that you have been chosen as the recipient of the [Scholarship Name] for the 2020-2021 academic year. Your scholarship award of $\_\_\_\_\_\_ will be awarded in full this fall semester to help defray the cost of your tuition. The scholarship may be renewed next year provided that you continue to maintain a cumulative GPA of 3.0, and demonstrate financial need.

This scholarship is made possible through the generosity of [Donor]. [Donor] is very interested in learning about the student who receives this scholarship. It is possible that [Donor] may request the opportunity to meet you in person sometime in fall, and if so, you will be contacted by a member of the [Foundation] Development Office. As a measure of your appreciation for her gift, we ask that you please write a thank you note directed to [Donor], which we will then forward. You may wish to include a brief summary of your college activities and career plans.

***In order to accept this scholarship, please sign and return the enclosed acceptance and consent form to my attention by [Deadline Date]. Your response should be mailed to:***

[Address]

If you have any questions about this scholarship offer, please contact me at [Phone-Number] or emailing [Email Address]. Once again, congratulations on your outstanding achievements. I wish you continued success in your future endeavors.

Sincerely,

[Signature]

[Name], [Title]

[Organization]

**Scholarship Acceptance Form**

\_\_\_ I accept the [Scholarship Name] for the 2020-2021 academic year. I understand that this scholarship will be used for tuition, books, fees, and other educational expenses.

\_\_\_\_ I am declining the [Scholarship Name].

Signature(s) and date:

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (required if under 18 years of age):

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

**Consent to Disclose Educational Record Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME), hereby authorize the Scholarship Coordinator in the [Foundation] Office of Development to disclose and transmit to scholarship donors a copy of my educational records described below:

Name, contact information, cumulative grade point average, field of study or major.

The purpose of this disclosure is to provide the scholarship donor with information regarding my continuing eligibility for scholarship assistance. I understand that I can also obtain a copy of the above-indicated records if I so desire.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Student) (Date)

**Return this form by [Deadline Date] to:**

[Address]