



SAMPLE ACKNOWLEDGEMENT FORM #3

1. I, _____, acknowledge that I am the recipient of a scholarship in the amount of \$ _____ provided by (chapter name) _____.
2. I plan to attend (name of college) _____ for the 20__ fall quarter or semester. (If this changes, please notify (chapter name) _____ immediately.)
3. The mailing address of my college Financial Aid Department is:
Address: _____

City, State and Zip: _____
4. I agree to permit (chapter name) _____ to confer with my postsecondary institution to verify my enrollment during the term of my award.
5. My social security number is _____ - _____ - _____ (optional)
(This information is needed to help the college ensure that this scholarship is applied to the correct student.)
6. I understand that I must use this scholarship for my freshman year, unless I delay entrance or need to delay the use of the award as indicated by my financial aid package. Should I fail to attend a postsecondary institution, or should I fail to complete the proper forms on time, I understand that my scholarship award will be null and void.
7. I understand that this form must be returned to (chapter name) _____ on or before (date) _____. My failure to return this acknowledgment form by this date may result in the forfeiture of my scholarship.
8. I agree that if I am offered and accept an award from (chapter name) _____, that (chapter name) _____, its parent organization Scholarship America and its affiliated programs and regional offices may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of (chapter name) _____, Scholarship America, and their affiliated programs.

Student Signature: _____ Date: _____

Parent Signature (if recipient is less than 18 years old): _____ Date: _____

Demographic Information (optional): Male Female

Check all that apply:

- African American/Black Hispanic/Latino Asian/Pacific Islander Caucasian
 American Indian/Alaska Native Other (Please specify) _____

Current Home Address:

Street: _____

City/State/Zip: _____

Please return this form in the envelope provided or by mailing to: (INSERT CHAPTER CONTACT INFORMATION)