

East Central Dollars for Scholars Scholarships - 2015
SCHOLARSHIP ACKNOWLEDGMENT FORM

Dear Scholarship Recipient:

You are among a select number of students named this year to share scholarship awards provided through East Central Dollars for Scholars. In order for East Central Dollars for Scholars to process your award, we will need your cooperation in completing this form. Please enter the required information, sign the form, and return it by **June 15, 2015.**

1. I, _____, acknowledge that I am the recipient of a scholarship in the amount of \$_____ provided by East Central Dollars for Scholars, a program of Scholarship America®. The scholarship(s) I received was: _____
2. I am enrolling full-time at for the Fall 2015 semester: (If acceptance is pending, please indicate.)

(college name)

(Address, City, and State)

Payment of the award cannot be made until you submit your fall transcript showing that you have earned a minimum of 12 credit hours or full-time equivalent per semester and maintain a 2.5 cumulative GPA. Transcript must be received by March 1, 2016.

3. I graduated high school in the year _____ and will be considered _____ for the 2015-2016 college school year. (which level)
4. I intend to major in _____.
5. I have logged into my Scholarship America account at www.eastcentral.dollarsforscholars.org to accept my scholarships.
6. I agree to permit Dollars for Scholars to confer with my college or post-secondary institution to verify my continuing enrollment during the term of my award.
7. I agree that Scholarship America and its affiliated programs 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 (my "Recipient Information") in press releases, announcements, and other fundraising or promotional materials in all media (including the Internet), whether now known or hereafter developed, without limitation or condition, to advance the nonprofit objectives of Scholarship America and its affiliated programs. I agree that I may be solicited for future fundraising efforts.

Student Signature: _____

Current Home Address: _____

Phone: _____ E-Mail Address: _____ Date of Birth: _____

Parent Signature (for student under 18 years old): _____

Return this form to PO Box 4, Askov, MN 55704