



SCHOLARSHIP ACKNOWLEDGEMENT FORM

1. I, _____, acknowledge that I am the recipient of a scholarship in the amount of \$ _____ provided by Canyon Crest Academy Dollars for Scholars®.

2. I plan to attend [name of school] _____ for the 20__ fall quarter or semester. (If this changes, please notify CCA Dollars for Scholars® immediately.)

3. The mailing address for my COLLEGE'S **FINANCIAL AID OFFICE** is:

Address: _____

City, State, Zip: _____

4. I agree to permit Canyon Crest Academy Dollars for Scholars® to confer with my post-secondary institution to verify my enrollment during the term of my award.

5. My COLLEGE STUDENT identification number is: _____.

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 choose not to attend a post-secondary institution, or should I fail to complete the proper forms on time, I understand that my scholarship will be null and void.

7. I understand that this form must be returned to Canyon Crest Academy Dollars for Scholars® on or before June 5 of this year. My failure to return this Scholarship Acknowledgement Form by this date may result in the forfeiture of my scholarship. I also understand that I must officially accept my award by logging in to my student application account at www.canyoncrest.dollarsforscholars.org (click on Students & Parents).

8. I agree that if I choose to accept an award from Canyon Crest Academy Dollars for Scholars®, Scholarship America® (the parent organization) and its affiliated programs and offices may use my name, my photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the post-secondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials in all media (including Internet), to advance the nonprofit objectives of Canyon Crest Academy Dollars for Scholars®, Scholarship America®, and their affiliated programs.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____
(Required if recipient is less than 18 years of age)

Current Contact Information:

Street: _____ City _____ State _____ Zip _____

Best email: _____ Best phone: _____

Complete, sign, and return this form to:
Janet Ernst, DFS Treasurer - ernstjanet@gmail.com

Congratulations and best wishes for continued success!