

Student Name: \_\_\_\_\_ (print FULL NAME neatly)

**SCHOLARSHIP ACCEPTANCE / REJECTION REPLY FORM**

COMPLETE THIS FORM IMMEDIATELY AND RETURN IT TO:

STANISLAUS COMMUNITY FOUNDATION, 100 SYCAMORE AVE, SUITE 200, MODESTO, CA 95354 - (209) 576-1608

**ACCEPTING A SCHOLARSHIP AWARD MEANS THAT YOU ARE ACCEPTING CERTAIN RESPONSIBILITIES.**

**PLEASE READ THIS INFORMATION CAREFULLY, AND MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**

1. \_\_\_\_\_  
initial here      **I agree to check my email weekly, and I understand that the Foundation will communicate with me primarily through email and text messages.**  
My preferred email is : \_\_\_\_\_.  
My preferred cellphone number (with texting capabilities) is: \_\_\_\_\_.
2. \_\_\_\_\_  
initial here      **I understand that I must enroll in and complete a minimum of 12 units per semester/quarter with a GPA of 2.0 or better for the 2019-20 academic year.** I understand that if I withdraw or cease to carry the required number of units, or if I achieve less than a 2.0 GPA, the Foundation has the right to cancel or adjust the award in any way. I also understand that the Foundation does not offer student aid for any school that has not received approval from the U.S. Department of Education for federal student aid funding. Online courses will be accepted as long as they are taken from the same approved institution.
3. \_\_\_\_\_  
initial here      **I understand that it is my responsibility to submit proof of enrollment to the Foundation as soon as possible BEFORE the term begins. I understand that the award will be cancelled if I do not provide proof of enrollment by September 1<sup>st</sup>.** I understand that the award check will be sent to the Office of Financial Aid at my college within approximately two business weeks after the Foundation receives the proof of enrollment. **I understand I may send a copy of my schedule as proof of enrollment if it includes my name, institution and the number of units in which I am enrolled to: scholar@stanislauscf.org as a Word or PDF attachment.**
4. \_\_\_\_\_  
initial here      **I understand that I am required to write an appropriate Thank-You Letter to my award sponsor**
5. \_\_\_\_\_  
initial here      **I understand that the scholarship award is valid only for the 2019-20 academic year.** No holdover or guarantee of any kind is made for a scholarship award in any future academic year.
6. \_\_\_\_\_  
initial here      **I understand that it is solely my responsibility to notify the Scholarship Foundation immediately in writing if I: (a) change my college, (b) change my major, (c) change my address, email address, or phone number, (d) cease to carry the required minimum of 12 units, (e) achieve less than a 2.0 GPA in any term. I understand any award(s) may be adjusted or cancelled due to these changes**
7. \_\_\_\_\_  
initial here      **I understand that it is my responsibility to submit my Financial Aid Award Listing (with amounts) as proof of any additional funds or support I receive from sources other than the Foundation.** This can take the form of a PDF or screen shot directly from your college student portal.

**I HAVE READ AND I UNDERSTAND ALL OF THE ABOVE INFORMATION. I UNDERSTAND THAT I MUST COMPLY WITH ALL RESPONSIBILITIES IN ORDER TO RECEIVE A SCHOLARSHIP AWARD.**

\_\_\_\_\_  
PRINT your name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Check One:**

\_\_\_\_\_ I Accept the Scholarship Award of: \$ \_\_\_\_\_

**For my major in:** \_\_\_\_\_

**To be used at this college:** \_\_\_\_\_

**My Student ID Number at this college is:** \_\_\_\_\_

**OR** \_\_\_\_\_ I Reject the Award because \_\_\_\_\_