



SHIAWASSEE

COMMUNITY FOUNDATION

For good. For ever.®

## SCHOLARSHIP PAYMENT FORM

**DUE: JUNE 10, 2024**

Student Name:			
Street Address:			
City, State and Zip:			
Phone:		Email:	
Scholarship Name:			
Scholarship Amount:			
College Name:			
Street Address:			
City, State and Zip:			
College Student ID Number:		Area of Study/Major:	

In consideration for my receipt of a scholarship from the Shiawassee Community Foundation, I hereby agree to the acceptance of the scholarship and the following terms and conditions:

1. I certify that all information I have provided to the Shiawassee Community Foundation is true and accurate. I understand if I no longer qualify for the scholarship based on its requirements, that an alternate recipient can be selected.
2. I understand that after being awarded a Shiawassee Community Foundation scholarship, my educational institution will receive a scholarship check to be credited toward my qualified education expenses. Qualified education expenses include tuition, books, fees and/or equipment for course related expenses according to the Internal Revenue Service guidelines.
3. I understand all scholarship monies must be used for the **Fall 2024/Winter 2025** school year or be forfeited.
4. I agree to notify the Shiawassee Community Foundation in the event of my voluntary or involuntary withdrawal from my stated educational institution. All scholarship funds remaining will revert to the Foundation and I will assist the Foundation in retrieving said funds.
5. **I agree to include a thank you note written to the scholarship representative with this form for *each* scholarship received. (The Foundation will forward each thank note to the representatives.) Please submit a photo (senior photo, headshot, or selfie) that may be sent to the fund representative.** The photo can be mailed with this form, uploaded in AwardSpring, or emailed to [apps@shiacf.org](mailto:apps@shiacf.org)
6. I give my permission to the Shiawassee Community Foundation to use my photo in brochures, annual reports, press releases, or on their website to publicize their philanthropic efforts.
7. I am not related to the founder of this scholarship fund. The term "relative" is defined as parent, child, stepparent, stepchild, grandparent, grandchild, aunt, uncle, nephew, niece, first cousin, sibling, or stepsibling.
8. If this Scholarship Payment Form is not received by the Shiawassee Community Foundation by **June 10, 2024**, or is incomplete, I understand that this scholarship may be relinquished.

By signing and mailing this form and a **Thank You card (unsealed/stamped)**, you reaffirm your understanding and acceptance of all terms and conditions of your scholarship. Please send form and card to:

**Shiawassee Community Foundation, P.O Box 753, Owosso, MI 48867**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_