



Class of 2022 Scholarship Award Agreement

Date: _____

Award Recipient: _____

Student's name as it appears on the Proof of Enrollment

Student's Cell #: _____ G-mail: _____

Mailing Address: _____

House # / POBox City, State Zip Code

Award Amount

Scholarship Name(s): _____

College/University + Program of Study: _____

Where are you studying? What are you studying? Which year will you graduate?

- Proof of College/University Enrollment - Fall 2021 is attached.**
*In order for the RSEPSF to issue payment, proof of enrollment must be provided. **Please attach your course schedule to this PDF document/email.** The schedule **must** include the college/university name, your name, student identification number, semester and dates which you will attend.*
- Photographs** - please attach your cap & gown photos, graduation pics, and selfies of you in your activities which correspond to the scholarship applications you submitted to TMP (min 3).
- Progress** - Please share your good news and good grades along the way!
- Repayment - I agree to return the scholarship award if:**
I fail to maintain satisfactory academic progress, my enrollment status changes, my course load changes, and/or I drop out of school.

I, _____, understand and agree to the terms of this scholarship award agreement.
print your name here

The Awardee's Signature
Awardee's signature reflects acceptance of the terms listed above.

Date

