

SCHOLARSHIP AGREEMENT
Emory Johns Creek Hospital Auxiliary

It is agreed that:

1. The **decision of the Scholarship Committee's award is final.**
2. Further personal and/or financial information will be provided to the Committee, if requested. This could be a personal interview.
3. Scholarship funding is to defray cost of all or part of tuition, lab fees, and registration. It can also be applied to the cost of books, special fees, special equipment needed, and uniforms that are necessary in the course of study. Scholarship money will be sent directly to the school. **Scholarship funds cannot be used for room and board.**
4. College and student agree that in the event the student ceases course of study in a health-related field, the scholarship will no longer apply. Unused balance of funds will be refunded to the Emory Johns Creek Hospital Auxiliary.
5. Applicants, except scholarship recipients, may request to have their applications returned. Please notify the committee if you wish for us to do so. If you do not request your application returned, applications will be disposed of within two (2) weeks of that date.

I have read and understand clearly the above Agreement.

Dated: This _____ day of _____,

Signed: _____
Student

Signed: _____
Parent or Guardian Parent if applicant is under 18

Witness: _____ (Required)

Witness: _____ (Required)

Required Signatures:

**Financial Aid Representative Name and Title
From Applicants School**

Signature

Date: _____