

# Pathway to Care Scholarship Fund

## Scholarship Award Record Form

### Student Information:

- Name: \_\_\_\_\_
- Student ID: \_\_\_\_\_
- School/Institution: \_\_\_\_\_
- Program/Class: \_\_\_\_\_
- Date: \_\_\_\_\_

### Scholarship Award Details:

- Amount Awarded: \$ \_\_\_\_\_
- Date Awarded: \_\_\_\_\_
- Signature of Dean School Official: \_\_\_\_\_

### Approved Expenses:

Please indicate how the scholarship funds will be used (check all that apply):

- Tuition
- Deposit
- Books
- Transportation
- Uniforms
- Internet Services
- Computers
- Health Assessment Costs

### Acknowledgment:

I, \_\_\_\_\_ [Student's Name], acknowledge that I have received the above scholarship award from the Pathway to Care Scholarship Fund. I understand that the funds are to be used solely for the approved expenses listed above in accordance with the scholarship guidelines. If I decide to drop course/class, the amount distributed will be deducted from refunds and returned to the Pathway to Care Scholarship Fund.

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

Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_