

Todd Evans Scholarship Fund -- 18719 3rd Ave, Arlington, WA 98223

2019 SCHOLARSHIP ACKNOWLEDGEMENT FORM

Print out and complete this form, in ink, (one form for each scholarship in the event you receive more than one) and return the original form, postmarked by 6/29/19; retain a copy for your records.

SCHOLARSHIP RECIPIENT INFORMATION and AGREEMENT:

Name: _____

Permanent Address: _____

City, State, Zip: _____

Permanent Phone Number: _____ Cell Phone: _____

Email Address: _____

Student's College ID: _____

I acknowledge this scholarship in the amount of \$ _____ provided by _____

READ EACH STATEMENT BELOW, CHECK YES TO ACKNOWLEDGE YOUR AGREEMENT, SIGN AND DATE.

- YES My hand-written, signed thank you note is included for TESH to send to the scholarship donor; and I understand that remittance of funds to the institution will not occur until TESH receives this note.
- YES I understand the institution is paid directly by TESH and I certify that this money will be used for tuition or educational expenses directly related to my course requirements only. I understand that this scholarship may NOT be used to pay for room and board, books, travel, personal expenses and other miscellaneous expenses.
- YES I will notify TESH by mail, **ASAP**, if I am unable to use this scholarship during the current school year and of my interest in applying for a scholarship deferral.
- YES I understand that the institution will allocate awards of \$500 or more evenly over the school year and that any unused funds will be returned directly to TESH.
- YES I will notify TESH in the event that I withdraw or transfer from the stated institution during the school year and that the remaining funds will be returned directly to TESH and that I may request that TESH redistribute the unused funds to another institution.
- YES **OPTIONAL:** I have enclosed a standard head and shoulder photo and I authorize that TESH or Scholarship America may use my picture for any and all publicity concerning this scholarship.

Signature of Student Date

Mailing Address for the FINANCIAL AID OFFICE of your Educational Institution:

Name of Institution: _____

Starting date: _____ Major: _____

Address: _____

City, State, Zip: _____

DO NOT DETACH

FOR THE EDUCATIONAL INSTITUTION (to be completed by TESH): Enclosed is check number _____ for \$ _____ issued by the Todd Evans Scholarship fund for deposit to the above student's account.

Please observe the following requirements for disbursement:

1. These funds may be used for IRS qualified education expenses, excluding books.
2. TESH intends that this award be used first to reduce the student's unmet financial need. If no unmet need exists, we request that the school reduce the self-help portion of the financial aid package - first to reduce loans, then to reduce work study.
3. Awards in excess of \$500 should be allocated over the school year.
4. If the student transfers to another institution or withdraws prior to expending the amount of this scholarship, any remaining funds shall be returned forthwith to TESH.

Contact Mike.Evans@toddevansscholarshipfund.com if you have any questions. Thank you.