

Scholarship Agreement

Charles E. Mueller M.D. Scholarship

I, _____, as recipient of the Charles E. Mueller M.D. Scholarship, agree to the following:

- 1) I will enroll full time at University of Michigan to pursue a medical degree.
- 2) I will send a copy of my receipt of enrollment to the Saginaw Community Foundation upon registration at _____ (name of college or university).
- 3) I will request that my college send a transcript to the Saginaw Community Foundation at the end of each semester as record of my continued enrollment.
- 4) I will maintain the minimum grade point average required by my school to avoid being placed on scholastic probation.
- 5) I will immediately inform the Saginaw Community Foundation of any change in my status as a student or in my address or telephone number. If I interrupt my college education for longer than the normal summer vacation period, I am aware that my scholarship may be terminated.
- 6) If I transfer to another college, I will provide the Saginaw Community Foundation with an official statement from that college indicating I have been granted admission.
- 7) I will furnish the Saginaw Community Foundation with additional information upon request.
- 8) I give permission for any college/university to release to the Saginaw Community Foundation any information necessary to process my scholarship.
- 9) I hereby grant permission to the Saginaw Community Foundation and scholarship donors to use my name, photograph, awards received, high school, institution, graduation year, or major/minor in publications and presentations.

I understand the Charles E. Mueller M.D. Scholarship is a nonrenewable scholarship for the 2022-2023 academic year and that funds can be used for tuition, books, course-related fees, and room and board.

I understand failure to abide by these conditions shall constitute sufficient reason for the termination of the scholarship.

Date

Student Signature

Date

Parent or Guardian Signature (if student is under the age of 18)