

## **Scholarship Agreement**

### **Lisa Krukowski-Whalen Nursing Scholarship**

I, \_\_\_\_\_, as recipient of the Lisa Krukowski-Whalen Nursing Scholarship, agree to the following:

- 1) I will enroll full time in an accredited college or university to pursue an undergraduate degree in nursing.
- 2) I will send a copy of my receipt of enrollment to the Saginaw Community Foundation upon registration.
- 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, in my academic major, 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. I understand some scholarship grants are not transferable.
- 7) I will furnish the Saginaw Community Foundation with additional information upon request.
- 8) I give permission for any college or school 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 Lisa Krukowski-Whalen Nursing Scholarship is a renewable, if funds are available, scholarship for the 2022-2023 academic year and that funds can be used only for tuition, books, course-related fees, room and board. Scholarship renewal is contingent upon maintenance of a 3.0 cumulative GPA and full-time enrollment in pursuit of a nursing degree.

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)