

**Scholarship Agreement**  
**Saginaw Area Health Care Administrators Scholarship**

I, \_\_\_\_\_, as recipient of the Saginaw Area Health Care Administrators Scholarship, agree to the following:

- 1) I will enroll either full or part-time (minimum of 6 credit hours) in an accredited college or university.
- 2) I will maintain employment at any of the Saginaw Area Health Care Association facilities.
- 3) I will send a copy of my receipt of enrollment to the Saginaw Community Foundation upon registration at \_\_\_\_\_ (name of college or university).
- 4) I will request that my college send an official transcript to the Saginaw Community Foundation at the end of each semester as record of my continued enrollment.
- 5) I will maintain the minimum grade point average required by my school to avoid being placed on scholastic probation.
- 6) 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.
- 7) 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.
- 8) I will furnish the Saginaw Community Foundation with additional information upon request.
- 9) I give permission for any college or school to release to the Saginaw Community Foundation any information necessary to process my scholarship.
- 10) 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 Saginaw Area Health Care Administrators Scholarship is a scholarship for the 2022-2023 academic year and that funds can be used only for tuition, books, course-related fees, room and board. This scholarship is renewable, if funds are available, on a competitive basis, with no more than three renewals (a total of 4 scholarships) per student granted.

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)