

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 2021-2022 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)