Scholarship Agreement Theron & Marion Fager Team One Scholarship

I,	, as recipient of the Theron & Marion Fager Team One
Schola	rship, agree to the following:
1)	I will enroll full time at Michigan State University.
2)	I will send a copy of my receipt of enrollment to the Saginaw Community Foundation upon registration at Michigan State 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, 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.
	estand the Theron & Marion Fager Team One Scholarship is a nonrenewable scholarship for the 1023 academic year and that funds can be used for tuition, books, course-related fees, and room pard.
	estand failure to abide by these conditions shall constitute sufficient reason for the termination of colarship.
	Date Student Signature
-	Date Parent or Guardian Signature (if student is under the age of 18)