

Scholarship Program: Orange County Community Foundation  
Return By: July 15, 2018  
Student Name: Michelle Abril



### Award Acknowledgment Agreement

Please complete and **return this agreement with a proof of enrollment** before the due date specified at the top of this page. If proof of enrollment is not available, please include a note detailing when you will be able to submit appropriate proof. Please note, valid proof of enrollment is any unaltered document issued by your school that has the following: your name, your school's name, number of units that you are enrolled in (or your status as a full time student) and the quarter or semester that you are enrolled.

If you do not wish to receive this award, or are no longer eligible to receive this award, please check the appropriate box, sign and return this form.

1.  I accept this scholarship award

OR

I am no longer eligible to receive this award or do not wish to accept this scholarship award

2. I, **Michelle Abril**, acknowledge that I am a recipient of an educational award provided by the **Orange County Community Foundation** in the amount of **\$5,000.00**.

3. I understand that I will receive my scholarship in **two installments**. The first scholarship payment will be made after I submit sufficient proof that I am enrolled as a full-time student at a vocational/trade, two or four year college or university. I understand that the second payment will be made after I complete my first semester/quarter and submit proof of continued full-time enrollment and transcripts that show I have maintained at least a 3.0 GPA. I also acknowledge that the Foundation has at its discretion the ability to change my award payment schedule at any time. I further understand that failure to submit appropriate documentation in a timely manner will result in forfeiture of my scholarship award.

4. I understand that to be eligible, I must be enrolled as a full time student in each quarter/semester and maintain a GPA of at least 3.0.

5. I understand that if any portion of this scholarship is applied to expenses other than tuition and books (i.e. room and board, transportation, etc.), I am responsible for declaring it as income on my tax return. Furthermore, I understand that it is my sole responsibility to maintain appropriate financial documentation regarding my scholarship award and educational expenses and that the Foundation will not be providing me with any tax documents.

6. I understand that unless otherwise stipulated in writing, this educational award is made with the understanding that the Foundation has no obligation to provide other or additional support.

7. My student ID # (If not available, please include the last 4 digits of your social security #):

ID#: \_\_\_\_\_ SS#: \_\_\_\_\_

8. I expect to be enrolled at the following college/ university: \_\_\_\_\_

OR

I am undecided about the school I will attend. I will notify OCCF by (date): \_\_\_\_\_

9. My intended major is: \_\_\_\_\_

10. By signing below, I permit the Foundation to confer with my post-secondary institution to verify my continuing enrollment and financial status during the term of my award. Further, I agree that the Foundation may publicize any of my accomplishments related to this award.

**Scholarship Program: Orange County Community Foundation**

**Return By: July 15, 2018**

**Student Name: Michelle Abril**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SAMPLE ONLY