



E Squared Scholarship Recipient Agreement Form

Student Name: _____

Address: _____

Award Amount: \$_____ Year of graduation: _____ Award Expires June 30, _____
 (Year of graduation + 5)

CONDITIONS OF YOUR SCHOLARSHIP AWARD:

Please read and initial each statement.

- ___ Funds are to be used only for educational purposes in an accredited 2-year or 4-year college, or accredited trade/technical school. Both full-time and part-time enrollment qualifies. **Checks will be made payable to and sent directly to the school.**
- ___ When funds are needed for your first semester, a Request for E Squared Scholarship Funds form must be submitted to Career Partners along with a copy of your letter of acceptance.
- ___ One half of the scholarship awarded will be available in any one academic year.
- ___ Beginning with your second semester, when funds are needed, a Request for E Squared Scholarship Funds form must be submitted to Career Partners along with verification of continued enrollment and a copy of your grade transcript with a minimum of a 2.5 overall grade-point average (on a 4 point scale). If you fail to attain a 2.5 overall grade-point average, funds will be withheld for the next semester. If, however, a 2.5 overall grade-point average is attained after that semester, the funds for that semester will be paid retroactively as well as for the next semester. **If you fail to maintain a 2.5 overall grade-point average for more than three consecutive semesters, the Career Partners Board of Trustees, in its sole discretion, may terminate its obligation to provide any remaining scholarship funds.**
- ___ Any funds not used within the 60-month period after your graduation from high school will be forfeited. An extension, equal to your active duty military service up to 48 months, will be granted automatically with proof of time on active duty.
- ___ I understand that with my permission my name, county of residence, major area of study and professional career goals may be released to donors and local media. Please initial to grant permission. Leaving the blank empty indicates that you do not grant such permission.
- ___ I understand that I must submit all Request for E Squared Scholarship Funds forms to Career Partners, Inc. at least thirty (30) days prior the funds being needed.
- ___ I have read and agree to the terms stated in the document entitled "E Squared Competition Rules."

I understand the criteria set forth above for accepting this scholarship award, and therefore I:

AGREE TO ACCEPT

DECLINE TO ACCEPT

Signature of Recipient _____ Date _____

Signature of Parent or Guardian _____ Date _____
 (for recipients under 18 years of age)