



ANNUAL SCHOLARSHIP AWARD AGREEMENT

TITLE: Name of Scholarship

SOURCE: Name: Actual Name
 Contact: _____
 Address: _____
 City/St/Zip: _____
 E-Mail: _____

AMOUNT: \$ _____

COLLEGE YEAR: _____

CANDIDATE IS SELECTED BY: NDSCS Financial Aid Office, NDSCS FND Committee

REQUIREMENTS FOR ELIGIBILITY:

- Full-time or Part time student
- 1st or 2nd year student
- Resident _____
- Grade Point Average of _____
- Student enrolled in _____
- Other

If you agree to the conditions contained in this agreement, please sign:

 SPONSOR OF AWARD

 NDSCS Foundation Representative

 DATE

 DATE

In order to award for the fall semester, scholarship funds must be deposited with the NDSCS Foundation prior to March 31 each year to allow time for the selection process. A copy of the agreement will be sent with your receipt

