Alumni/Foundation
800 Sixth Street North, Wahpeton, ND 58076 701.671.2247

ANNUAL SCHOLARSHIP AWARD AGREEMENT

TITLE: Name of Scholarship

SOURCE: Name: _____

Contact: _____

Address: _____

Address 2: _____

City/St/Zip: _____

E-Mail: _____

AMOUNT: $000.00

COLLEGE YEAR: 2019-2020 (FY20)

CANDIDATE IS SELECTED BY: NDSCS Financial Aid Office, NDSCS FND Committee, with recommendation from Department Chair

REQUIREMENTS FOR ELIGIBILITY: (examples)

- Full-time student or part time student
- 1st or 2nd year student
- Grade Point Average of 2.0 or higher
- Student enrolled in (your choice)
- Student resident of _____

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

Fax: 701.671.2149 800.342.4325 Ext. 3-2247 ndscs.alumni@ndscs.edu

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