

**Alworth Memorial Fund Scholarship
2019-2020 Scholarship Acceptance Confirmation Form**

*Deadline: **May 1, 2019** or you forfeit your eligibility*

Name: _____ Date: _____

- _____ **YES**, I accept the Alworth Scholarship for the **entire 2019-2020 academic year**.
 _____ **YES**, I accept but request a one semester **deferral** for (select): **FALL** or **SPRING**.
 _____ **YES**, I would like to receive **check for Summer School*** in 2019. # of credits

**You must be enrolled as a full-time student (12 or more credits) to be eligible for Summer school funding.*

- _____ **NO**, I do not accept the scholarship for 2019-2020. *Please explain below.*
 _____ **NO**, I am requesting a **one-year deferral**. *Please explain below.*

MAJOR Field of Study: _____
 2nd Major Field of Study: _____
 MINOR Field of Study: _____

In 2019-2020, I will be enrolled as a (select): Sophomore Junior Senior
 When do you anticipate graduating? Month: _____ Year: _____
 Are there any changes to your mailing address, phone or email? Yes No

	COLLEGE Residence (current)	HOME (permanent)
Name of Academic Institution		
Mailing ADDRESS		
CITY		
STATE, ZIP		
PHONE		
CELL		
EMAIL		

Where would you like your Scholarship Check sent? Home College
 Which email address do you check most frequently? Home College

Throughout the year, it is your responsibility to inform the office of any changes to your contact information.

Please include other information such as co-op or internship, study abroad, graduating fall semester, and etc.