



**Alworth Memorial Fund Scholarship
2015/2016 Acceptance Confirmation Form**
must be returned by **June 1st** or you forfeit your eligibility

Name: _____ **Date:** _____

_____ **Yes**, I accept the Alworth Scholarship for **2015/2016**.

_____ **Yes**, I will be attending **Summer Semester** in **2015**. _____ **credits**
*does not include medical student

MAJOR **Field of Study:** _____

2nd Major **Field of Study:** _____

MINOR **Field of Study:** _____

2015/2016 I will be a: (Bold or Highlight or Circle)

Sophomore - Junior - Senior Graduate: 1 - 2 - 3 - 4 Medical: 1 - 2 - 3 - 4

When do you anticipate graduating? *Month* _____ *Year* _____

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

Indicate the address that you would prefer we use to mail scholarship checks and select the email address that you check most frequently. *Please note: Throughout the year, it is your responsibility to inform the office of any changes to your contact information.*

Scholarship Check Home College

Email Home College

Include other information: (such as co-op or internship programs, study abroad, graduating fall semester, etc.)

_____ **No**, I do not accept the scholarship for 2015/2016. *Please explain.*

_____ **No**, I am requesting a **one-year deferral**. *Please explain.*