

**Alworth Memorial Fund Scholarship
2017/2018 Scholarship Acceptance Confirmation Form**

*Deadline: **June 1, 2017** or you forfeit your eligibility*

Name: _____ **Date:** _____

_____ **Yes**, I accept the Alworth Scholarship for the **entire 2017/2018 academic year.**

_____ **Yes**, I accept but request a one semester **deferral** for: **__ FALL or __ SPRING**

_____ **Yes**, I would like to receive **check for Summer School*** in 2017. **# 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 2017/2018. *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 2017/2018, I will be enrolled as a: **Sophomore - Junior - Senior**

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

	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, etc.