



Student Scholarship Agreement

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|-------------------|--------------------------------|
| Student Name | |
| Student ID Number | X |
| Mailing Address | |
| City | |
| Zip | |
| Day Time Number | |
| Cell Number | |
| E-Mail Address | |
| Term Awarded | |
| Scholarship Name | |
| Major | |
| Amount Awarded | |
| Full Time | Yes No |
| Part Time | Yes No |

I hereby certify that I am registering to attend classes at Lake-Sumter State College during the current academic semester.

I understand that in the event that I will not be able to attend this semester, I am obligated to return these funds to the Lake-Sumter State College Foundation, Inc., to credit the donor's scholarship account. If there is a bookstore charge on my account, I realize that I am responsible for any repayment of these funds. By signing this agreement, I am authorizing the LSSC Foundation to have access to all of my records on file at Lake-Sumter State College for each semester I am eligible to receive a scholarship. This information may be shared with the scholarship donor.

Student Signature

Date