



Lake Sumter
State College
FOUNDATION, INC.

Student Scholarship Agreement Form

Student Name				
Student X-ID Number	X			
Mailing Address				
City				
Zip				
Day Time Number				
Cell Number				
E-Mail Address				
Scholarship Name				
Term Awarded				
Major				
Amount Awarded	\$			
Please check your enrollment status for the term you were awarded	Full Time Status 12 or more hours <input type="checkbox"/>	¾ Time Status 9-11 hours <input type="checkbox"/>	Half Time Status 6-8 hours <input type="checkbox"/>	Nursing Students Only 11 hours RN Program <input type="checkbox"/>

I hereby certify that I am registering to attend classes at Lake-Sumter State College during the current academic semester. If awarded a scholarship, I understand that I must meet the scholarship criteria and be registered for the appropriate number of hours based on my award.

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 Lake-Sumter State College Foundation, Inc. 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. I release to the LSSC Foundation, Inc. the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports and press release without compensation.

Student Signature

Date

For Foundation Use Only

Thank you received _____ Amount Awarded _____

Sent to Financial Aid _____ FD # _____

THE LSSC FOUNDATION, INC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN OR DISABILITY.