



**SBVC Foundation Scholarship Agreement**

I, \_\_\_\_\_ confirm that I have reviewed the criteria and eligibility requirements for the scholarships listed below, which I have been selected to receive:

Name of Scholarship (s): \_\_\_\_\_

Name of Scholarship (s): \_\_\_\_\_

Name of Scholarship (s): \_\_\_\_\_

**Fall 2017 enrollment will be:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Less than 6 units \_\_\_\_\_

I will be attending: SBVC \_\_\_\_\_ Transferring to: \_\_\_\_\_

**Spring 2018 enrollment will be:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Less than 6 units \_\_\_\_\_

I will be attending: SBVC \_\_\_\_\_ Transferring to: \_\_\_\_\_

**My Student ID#:** \_\_\_\_\_ **My Phone Number:** \_\_\_\_\_

**My Alternate Email:** \_\_\_\_\_

**My Major:** \_\_\_\_\_

**My Division:** \_\_\_\_\_

\_\_\_\_\_ I understand and certify that I meet the scholarship criteria described to me, in order to receive funds for this scholarship and I must provide all proof required to establish eligibility.

\_\_\_\_\_ I understand that I must submit a thank you letter addressed "Dear Scholarship Administrator" to the SBVC Foundation Office, 2nd Floor, Campus Center (CC-226) by April 28, 2017 at 4:30 pm. For questions regarding the process please visit the Foundation Office or call (909) 384-4471.

\_\_\_\_\_ I will / will not attend the SBVC Scholarship Awards Ceremony on May 10, 2017 at 6:00 pm in the SBVC Auditorium.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY:

Letter Rcvd: \_\_\_\_\_ Attending Ceremony: \_\_\_\_\_ Check Issued: \_\_\_\_\_ Check Rcvd: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_