



2010 SCHOLARSHIP ACKNOWLEDGMENT FORM

Dear Scholarship Recipient:

You are among a select number of students named this year to share scholarship awards provided through Ferndale Dollars for Scholars. In order for Ferndale Dollars for Scholars to process your award, we will need your cooperation in completing this form. Please enter the required information, sign the form, and return it by **June 25, 2010**.

1. I, _____, acknowledge that I am the recipient of a scholarship in the amount of \$_____ provided by Ferndale Dollars for Scholars, a program of Scholarship America®.
2. I am enrolling full-time at (enter college name, city, and state): _____
for the Fall 2010 semester/quarter. (If acceptance is pending, please indicate. Payment of the award cannot be made until you are accepted and enrolled.)
3. I intend to major in _____.
4. I agree to permit Dollars for Scholars to confer with my college or post-secondary institution to verify my continuing enrollment during the term of my award.
5. I agree that Scholarship America and its affiliated programs may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, announcements, and other fundraising or promotional materials in all media (including the Internet), whether now known or hereafter developed, without limitation or condition, to advance the nonprofit objectives of Scholarship America and its affiliated programs.

Student Signature: _____

Current Home Address: _____

Home Phone: _____ E-Mail Address: _____

Date of Birth: _____

Parent Signature (for student under 18 years old): _____

Thank you for your cooperation. Return this form in the enclosed pre-addressed envelope or fax the form according to instructions that accompanied this form. (Please retain a copy of this form for your records)