

2009-10 Scholarship Acceptance Form

To be completed by recipient

Name of scholarship: _____

Recipient's name: _____ Student ID No.: V_____

E-mail address: _____ Major: _____

Permanent address: _____
Street or P.O. Box number City State ZIP code

Local address: _____
Street or P.O. Box number City State ZIP code

Phone: _____ (home) _____ (cell)

Class status: ____ F ____ S ____ J ____ S ____ GR Anticipated semester of graduation: _____

Activities and interests: _____

Current employer: _____

Career goals/future plans: _____

By accepting this scholarship, I understand that I will be required to:

- Be enrolled in the College of Humanities and Sciences during the academic period for which the award is made available.
- Maintain the required academic performance set forth in the scholarship guidelines. (Scholarship may be revoked if requirements are not met.)
- Write a letter of thanks to the donor(s) of the scholarship(s) and to attend recognition events when invited, and to participate in other stewardship activities when asked.
- Give the university permission to release information about me for donor stewardship and award purposes.
- Give the university permission to use my photograph or quotes in publications and for stewardship purposes.

(Check one) _____ I accept this scholarship offer. _____ I decline this scholarship offer.

Signature _____ Date _____

Please complete and return this form to:

VCU College of Humanities and Sciences
Office of the Dean
Scholarship Awards Committee
828 West Franklin Street
P.O. Box 842019
Richmond, Virginia 23284-2019