

HARRIS-STOWE
STATE UNIVERSITY
OFFICE OF FINANCIAL ASSISTANCE

2019-2020 SCHOLARSHIP AGREEMENT FORM

READ CAREFULLY

By signing this agreement, the student acknowledges the offer of a Harris-Stowe State University Institutional and Foundational Scholarship (shown in detail on your award letter) for the 2019-2020 Academic year. The student understands and agrees that these funds are to be used for education-related expenses at HSSU.

Additionally, the student agrees to abide by the following requirements/terms:

1. I understand that I must complete the FAFSA and submit all required documents to the office of Financial Assistance before my scholarship funds disburse to my student account.
2. I authorize the Office of Financial Assistance to discuss and/or release information pertaining to my scholarship to Administration, the Scholarship Committee, and College Community, if requested.
3. I am aware that my scholarship(s) will be used only to assist with covering my direct costs of attendance at the Institution, which includes tuition, fees, room and board.
4. I understand that the scholarship funds will be adjusted or removed to prevent disbursement of institutional funds in the form of a refund.
5. I understand that the scholarship funds are adjustable.
6. I understand that I must be considered a full-time student in order for scholarship funds to be disbursed to my student account.
7. I understand that I must remain in satisfactory academic standing, as defined by the specific award, in order to keep my scholarship for the 2019-2020 Academic school year.
8. I understand that I have the right to decline any specific scholarship award, and that by doing so, I am financially responsible for any remaining balance owed to Harris-Stowe State University.
9. I understand that any grant-based aid from other sources, including federal, state, and University College, will be applied before the scholarship funds.
10. I understand the terms contained herein are contractual and not a mere recital; that I have read this Agreement with full knowledge of its significance; and that I have signed this Agreement at my own free will.

STUDENT NAME (PRINT): _____

STUDENT ID: _____

STUDENT SIGNATURE: _____ **DATE:** _____