



I would like my check sent to my college for:  
 \_\_\_ Fall 2018  
 \_\_\_ Spring 2019

**Student Scholarship Acceptance Form**

Scholarship checks **will not** be mailed to the college until the following information is sent to the Community Foundation. Scholarship payments CANNOT be made payable to scholarship awardees. It is your responsibility to provide complete and accurate information.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ or College Student ID#: \_\_\_\_\_

Name of School, College or University: \_\_\_\_\_

Address of Financial Aid Office:

\_\_\_\_\_  
 \_\_\_\_\_

Financial Aid/Scholarship Director's Name: (Please do not put your scholarship counselor's name here. We must have the **Director of Financial Aid/Scholarship's** name at the college/university/technical school.)

\_\_\_\_\_

Phone Number of Financial Aid/Scholarship Director at the college/university/technical: \_\_\_\_\_

- 1. **Enclose a copy of your official acceptance letter or other proof of enrollment.**
- 2. **Ensure that every blank has been filled.**
- 1. **Return form ASAP – This form must be returned before we will distribute your funds!**

**Student Agreement**

I, \_\_\_\_\_, accept my scholarship for the **2018-19** school year. I understand that this award is intended to supplement other financial aid assistance and it is only to be used for tuition, books and other expenses related to my college/university/technical education. It is my responsibility to ensure the foundation has my current address and email on file. I authorize the Community Foundation of Sarasota County to share the information below with the college/university/technical school listed, and in turn I authorize said institution to release requested information to the Community Foundation of Sarasota County.

Date: \_\_\_\_\_ Student Name (please print): \_\_\_\_\_

Student (if at least 18 years old) or Parent/Guardian Signature: \_\_\_\_\_

Mail or Deliver to:  
 Community Foundation of Sarasota County  
 2635 Fruitville Road  
 Sarasota, FL 34237

**WE WILL NOT ACCEPT FAXED OR EMAILED FORMS**

Office Use Only: Scholarship Fund: \_\_\_\_\_ Amount: \_\_\_\_\_