



STUDENT AGREEMENT

TO BE COMPLETED BY SCHOLARSHIP APPLICANT

I, _____, UPON ACCEPTING THE
(Print Name)

AWARDED SCHOLARSHIP from Health Focus of Southwest Virginia, understand these monies may be used for tuition, fees, books, supplies, and uniform expenses. The award will be sent directly to the school I plan to attend.

I understand Health Focus is interested in my progress, and must account for the status of scholarship recipients. Therefore, I hereby give permission for the Registrar, Financial Aid Officer, or Program Administrator to release my academic status to Health Focus for the academic year my scholarship has been awarded.

I hereby acknowledge that the information submitted herewith is complete and correct, and I fully understand my obligations incurred by the granting of my scholarship.

If selected as a recipient of a Health Focus Scholarship, I give my permission to release my name and photograph to the media, or to be used in Health Focus brochures/literature. Yes No

(Signature)

(Date)

Must be submitted with application no later than Friday, April 19, 2019