

## 2009/10 TERMS OF AGREEMENT AND CONSENT TO RELEASE

I understand that if any application information that I provide or that is provided on my behalf is false, misleading or incomplete, I will not be eligible for any scholarship award, and that any scholarship awarded to me will be revoked and I will need to return any amounts paid to me. The university and donor may also pursue appropriate legal action as well as administrative action under the Student Code of Conduct.

I also understand that if my circumstances change that I no longer meet the criteria for this award, I must immediately notify the Scholarship Office and the award will be revoked.

If I accept a scholarship award, I agree to respond in a timely manner to requests for additional information and to attend functions related to the award.

The federal Family Educational Rights and Privacy Act (FERPA) protects the privacy of educational records that the university maintains about me. By signing below, I give permission for ASU or the ASU Foundation to disclose to the donor and any review committee the information provided in connection with this scholarship application for the purpose of the review of my application, and the administration and promotion of the scholarship program. This may include information from my educational records, such as my official transcript, letters of recommendation, and financial aid information.

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If I accept an award, I agree that my name and story may be published in:

*(Please initial indicating permission given)*

\_\_\_\_\_ ASU websites  
\_\_\_\_\_ Newsletters  
\_\_\_\_\_ Other media

\_\_\_\_\_ I accept/ \_\_\_\_\_ I do not accept the \_\_\_\_\_ **Scholarship**  
for the 2009/10 academic year.

\_\_\_\_\_ I have included my thank you letter.

\_\_\_\_\_ I plan to attend the scholarship event on March 3, 2010.

\_\_\_\_\_ I want/ \_\_\_\_\_ I do not want to be considered as a student speaker at the scholarship event.

\_\_\_\_\_ I understand that this scholarship is pending my meeting the required criteria for this scholarship (i.e. # of credit hours enrolled, community service, GPA, etc. as designated by the donor. Go to <http://www.newcollege.asu.edu/scholarships/> to view the scholarship criteria)

Printed Name \_\_\_\_\_ ASU ID: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

