## 2018 – 2019 TERMS OF AGREEMENT AND CONSENT TO RELEASE

## Please complete, sign and return as soon as possible to 602-543-4565 fax or [dherrera @asu.edu](mailto:nc_scholarships@asu.edu) Upon receipt of this form, your award will be posted and can be viewed on MyASU

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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| Please read and check each line indicating you meet the following terms | | | | | | | | | | | | |
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| If I accept an award, I agree that my name, photo and/or story may be published*. Please check the options that you are willing to do.* | | | | | | | | | | | | |
| ASU websites | | |  | Name  name | |  | Photo | | | |  | Story |
| Newsletters: | | |  | Name | |  | Photo | | | |  | Story |
| Events | | |  | Name | |  | Photo | | | |  | Story |
| Other media | | |  | Name | |  | Photo | | | |  | Story |
| I ACCEPT  I DO NOT ACCEPT the ***TRAIN – STEM SCHOLARSHIP***  *Scholarship Name Academic Year* | | | | | | | | | | | | |
| I agree to participate in all surveys and other research instruments associated with the scholarship in a timely manner, and understand that if I refuse to participate or fail to respond by the participation deadlines, my scholarship award will be rescinded. | | | | | | | | | | | | |
| I understand that this award may impact my financial aid package. | | | | | | | | | | | | |
| I understand that this scholarship is pending my meeting the required criteria for this scholarship (i.e. # of credit hours enrolled, academic plan, GPA, etc. Visit [https://newcollege.asu.edu/TRAIN-scholarship](https://newcollege.asu.edu/college-scholarships) for more details) | | | | | | | | | | | | |
| I understand that I must attend all TRAIN program events. | | | | | | | | | | | | |
| If research or project support is available, they are supported by NSF and are contingent on availability, my satisfactory participation, and other rules as applicable. | | | | | | | | | | | | |
| I understand that design, implementation and data collection must be documented as required by my research advisor and a final, advisor-approved presentation must be completed at the end of my internship. | | | | | | | | | | | | |
| I understand that each semester I will need to enroll in 12 resident hours in New College, including NEW College iCourses. *Change in enrollment that drops you below 12 requires approval from Dr. Pamela Marshall.* | | | | | | | | | | | | |
| I understand that each semester I will need to enroll and pass LSC394 Topics: STEM Success including a one credit course associated with the scholarship, and that there will be tuition and fees associated with this enrollment. | | | | | | | | | | | | |
| I understand that all students are expected to dress and behave appropriately. I agree to abide by the ASU Student Code of Conduct (<https://eoss.asu.edu/dos/srr/codeofconduct>) and to represent this program in a professional manner. Failure to do so may result in removal from the program. | | | | | | | | | | | | |
| I understand that difficulty in making academic progress and not meeting the program requirements may result in probation or dismissal from the program. | | | | | | | | | | | | |
| I give the program staff my permission to secure/access any necessary information (including but not limited to transcripts, grade reports, and financial aid records) and to communicate with Faculty/Staff/Agency personnel in order to process my application and provide comprehensive support services. | | | | | | | | | | | | |
| I understand that this award may be renewable for up to up to 4 semesters if required criteria are met. Renewal is contingent upon maintaining all scholarship criteria and the availability of funding. | | | | | | | | | | | | |
| I understand this scholarship requires recipients to demonstrate financial need. In order to be considered for scholarship renewal, I must submit a Free Application for Federal Student Aid (FAFSA) for the upcoming academic year through the following link: <http://www.fafsa.ed.gov/> no later than next academic year’s scholarship renewal deadline. | | | | | | | | | | | | |
| I understand that I may withdraw from TRAIN at any time by giving notice to my faculty advisor immediately. However, withdrawing may affect my stipend eligibility (if any) and competitiveness for future scholarship awards. | | | | | | | | | | | | |
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| CERTIFICATION | | | | | | | | | | | | |
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| Printed Name |  | | | | | | | 10-Digit ASU ID | |  | | |
| Home Phone |  | | | | | | | Cell Phone | |  | | |
| Email Address |  | | | | | | | Today’s Date | |  | | |
| Current Enrolled Hours | |  | | | Current Term & Year (e.g. Fall 2018) | | | | |  | | |
| Expected Graduation Date  **(it is important to provide an anticipated graduation date)** | | | | | Term (e.g. Fall/Spring/Summer) Year | | | | | | | |
| By checking this box, I acknowledge that I have read and accept the terms and conditions associated with this scholarship, agree to the terms on pages 1- 2, and I certify that the information provided on this form is true and accurate to the best of my knowledge | | | | | | | | | | | | |
| Signature | | | | | | | | | *Date* | | | |

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