



Student Scholarship Agreement Form

Student Name	
Student ID Number	X
Mailing Address	
City	
Zip	
Day Time Number	
Cell Number	
E-Mail Address	
Scholarship Name	
Semester Awarded	
Major	
Amount Awarded	\$

Full Time Student	YES	NO
Part Time Student	YES	NO

I hereby certify that I am registering to attend classes at Lake-Sumter Community College during the current academic semester.

I understand that in the event that I will not be able to attend this semester, I am obligated to return these funds to the Lake-Sumter Community College Foundation, Inc., to credit the donor's scholarship account. If there is a bookstore charge on my account, I realize that I am responsible for any repayment of these funds. By signing this agreement, I am authorizing the LSCC Foundation to have access to all of my records on file at Lake-Sumter Community College for each semester I am eligible to receive a scholarship. This information may be shared with the scholarship donor.

Student Signature

Date