

## Scholarship Agreement Form

Please initialize each item and sign and return this form to the address below. By signing and returning this form, you agree that:

1. You have read and understood the eligibility requirements and you are qualified to apply for the scholarship. \_\_\_\_\_ (initials)
2. You have read and understood the scholarship's responsibilities and you agree to the terms of the requirements. \_\_\_\_\_ (initials)
3. You understand that if you fail to meet any of the responsibilities or obligations associated with the scholarship, or falsify any information related to the scholarship, you are required to pay back all monetary benefits you received through the program. \_\_\_\_\_ (initials)
4. Scholarship committee can access all your application material, including your transcripts. \_\_\_\_\_ (initials)

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Full Name (Printed)

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Signature

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Date

Sign and send (mail, email, or fax) to:

Mrs. Kathy Laycock:  
Computer Science Department, MSC 4103  
800 Main Street  
James Madison University  
Harrisonburg, VA, 22807

Fax: 540-568-2745  
Phone: 540-568-8772  
Email: [laycockr@jmu.edu](mailto:laycockr@jmu.edu)