



Scholarship Name

Department Name
MSC XXXX
Street Address
Harrisonburg, VA 22807
Phone: (540) 568-XXXX
Fax: (540) 568-XXXX

(Academic Year)

AWARD RECIPIENT ACKNOWLEDGMENT FORM

By signing this acknowledgment form, I accept the *Scholarship Name*, which is administered by the James Madison University (*Department Name*). As a beneficiary of this renewable, merit-based award, I understand that in order to receive my scholarship for the 20XX-20XX academic year and any subsequent year(s), I must fulfill the following conditions.

- Maintain continuous, full-time, undergraduate enrollment at JMU
- Remain an active member in good standing of (*Name of Student Organization*)
- Maintain a minimum 3.0 cumulative grade point average (evaluated after spring grades are available)
- Demonstrate financial need based on the results of the Free Application for Federal Student Aid (Must file each year)

**Students may receive this scholarship for a maximum of four years.*

I understand that I will receive my scholarship in two equal installments, unless otherwise specified in my award letter. Normally, I can expect to receive half of my scholarship for the fall semester and half for the spring semester. The University Business Office will credit my award to my student account and notify me by e-mail regarding any refund(s).

Note: Future scholarship awards are contingent on endowment earnings. In addition, the (*Department Name*) reserves the right to interpret scholarship criteria and has authority to determine student eligibility for renewal. This includes consideration of enrollment for one semester only.

Certification Statement and Authorization to Release Information

James Madison University makes every effort to protect your educational records and considers student privacy in any decision to release information.

I authorize James Madison University to exchange necessary information internally to administer the James Madison University Scholarship. Furthermore, I give JMU permission to share information, including publicity releases, about my qualifications with others, such as those who work hard to raise scholarship funds. My willingness to share information supports university fundraising efforts and helps increase scholarship dollars available to assist current and future JMU students.

I understand that shared information may include, but is not limited to:

- Scholarship application
- Grade point average
- Personal identification information (e.g., name, address, and telephone number)

Finally, I understand that my decision to authorize the release of information is a requirement for scholarship receipt. By signing this form, I confirm that I have read and understand the conditions described in this certification/release form.

Student Name (please print) _____ Student ID # _____

Student Signature _____ Date _____

_____ I respectfully decline JMU's scholarship offer.