



THE COMMUNITY FOUNDATION

Bullis Family Scholarship Acceptance Agreement

Name: _____ Name of College: _____

I accept this scholarship and understand that:

_____ I may only receive a **total of eight awards of \$500 each in a five-year period after graduation.** This applies if the award is deferred or if the student is ineligible to receive the award in any given semester. After five years, all remaining awards are forfeited.

_____ I must **notify the Community Foundation** if I move, change schools, withdraw from school or graduate.

_____ To receive the initial Fall semester payment, the Community Foundation must receive a **class schedule along with this completed form by September 1.** *Be sure the class schedule includes your name, the school's name, and the fall semester information.*

_____ The scholarship is for **expenses related to higher education at the undergraduate level.**

_____ The first award will be paid directly to me and requires the completion of an expense report documenting how the scholarship was used. *(Subsequent payments to the school do not.)*

_____ In future semesters, Rochester Area Community Foundation will **mail each award to the post-secondary school of record** and the school will verify my continued eligibility.

_____ To continue eligibility for the scholarship, I must **maintain a 2.0** or better grade point average for each semester and be enrolled full time for a **minimum of 12 credit hours.**

_____ If an award is returned by the school because I **did not meet the eligibility criteria**, the award will be saved and may be used for enrollment in a ninth or tenth semester of a continued undergraduate program.

_____ If I withdraw from school, attend less than full time, or graduate early, I will **only receive scholarship support for the semesters I was enrolled and remained eligible.**

By signing below, I acknowledge that I have read my award letter thoroughly, understand the Terms and Conditions, and agree to abide by the rules that govern this scholarship award.

Signature: _____

I am unable to accept this scholarship because: _____

I request to defer my scholarship until: _____

Upload this expense report to the Scholarship Documentation Collection Portal along with your Bullis Family Scholarship acceptance documents.

To return to your account, visit <https://racfscholarships.communityforce.com/Login.aspx>