The B W Harris Alumni Association-USA, Inc. The Rev. Fr. Edward GW King Scholarship Program

STUDENT AGREEMENT FORM

Scholarship Recipient Name:			
	Last	First	
WhatsApp Contact/Phone #:		Email Address:	
Total Scholarship Amount: <u>\$</u>	Grade:	Academic Year:	_

PLEASE CHECK AS APPLICABLE, SIGN, DATE & RETURN TO THE PRINCIPAL'S OFFICE

I DECLINE THE AWARD

Specify Reason: _____

I ACCEPT THE AWARD

I hereby authorize the B W Harris Episcopal School to release information regarding my scholarship and academic records to the B W Harris Alumni Association-USA, Inc.

I agree to provide B W Harris Alumni Association-USA, Inc. a report on my progress at the end of every period for which I am been funded and to assist and participate in the tutorial program (11th and 12th Graders, only).

Scholarship Student's Signature

Date

Scholarship Student Parent's Signature