



SCHOLARSHIP AGREEMENT



Sign and return by **May 31, 2024** to: Mon Health Foundation, Attn: Joanna Wiley
1200 JD Anderson Drive, Morgantown, WV 26505

Your scholarship packet, which includes instructions for requesting payment of your scholarship, will not be mailed to you until a signed copy of this Scholarship Agreement is received by the Foundation. Two copies are included, and you may keep one for your records. We suggest using the enclosed prepaid envelope to return the agreement to us by May 31st.

By signing below, I understand that I AM RESPONSIBLE for:

- **Notifying the Foundation if I become ineligible for the scholarship and refunding the Foundation accordingly. Examples of ineligibility include:**
 - (1) Failure to maintain a minimum GPA of 2.5 for any semester.
 - (2) Failure to maintain a course of study in approved health care field.
 - (3) Failure to complete a school term.
- **Not accepting more aid from all sources than exceeds my annual tuition, room and board, books and lab fees.**
- **Keeping a current address, email and cell phone number on file with the Foundation.**
- **Requesting payment each semester from the Foundation via the payment request form.** This form will be sent to you via email, or mailed upon request.
- **Submitting grades after each semester.** This can be a copy of your grade report and does not need to be an official transcript.
- **Submitting a copy of the school invoice with the payment request form.**
- **Completing and submitting the renewal application** to The Foundation for each year I want the Foundation to consider renewing my scholarship. This will be mailed to you annually for as long as you remain eligible, for a maximum of 4 years.

Acknowledged and Accepted:

Student (PRINT NAME)

(SIGNATURE)

*Parent or Guardian (PRINT NAME)

(SIGNATURE)

*Unless student files income taxes as independent

Questions: Joanna Wiley > 304-598-1243 > Joanna.Wiley@VandaliaHealth.org