

# Agreement

I have read and understand the requirements of the scholarship awarded to me.

\_\_\_\_\_ I wish to accept the \_\_\_\_\_ Scholarship.  
Name of Scholarship

\_\_\_\_\_ I must decline the \_\_\_\_\_ Scholarship.  
Name of Scholarship

Reason for declining scholarship \_\_\_\_\_

Name of College/University you will be attending \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature Print Name

Date \_\_\_\_\_

**Return form to the address below within the next two weeks.**

Fairfield County Foundation  
P.O. Box 159  
Lancaster, Ohio 43130  
Phone (740) 654-8451  
Fax (740) 654-3971  
[www.fairfieldcountyfoundation.org](http://www.fairfieldcountyfoundation.org)