



Scholarship Recipient Agreement

Please return to:
PO Box 881869
Steamboat Springs, CO 80488
Scan and email to: scholarships@yvcf.org or fax (970) 871-0431

Benefiting Student: _____

Scholarship Fund:	_____	Amount:	_____
Scholarship Fund:	_____	Amount:	_____
Scholarship Fund:	_____	Amount:	_____
Scholarship Fund:	_____	Amount:	_____
Scholarship Fund:	_____	Amount:	_____

We are pleased to provide the financial assistance outlined above to continue your education. This scholarship is a generous statement of support for your future. Please read the following statement and sign below thus indicating your understanding of the requirements for receipt of the scholarship.

I accept this scholarship and understand it is to be used to further my education. If, for any reason, I do not continue my education during the period of this scholarship, I will notify the Yampa Valley Community Foundation and arrange for the unused balance of the scholarship to be returned.

Name: _____

Signature: _____

Date: _____

Student's personal email: _____

College/University: _____

Student's College ID: _____

Address of College/University's Financial Aid/Bursar's office to send scholarship check to:
