



**Scholarship Agreement**  
**Please return to:**  
**PO Box 881869**  
**Steamboat Springs, CO 80488**

**Scan and email to: [emily@yvcf.org](mailto:emily@yvcf.org) fax (970) 871-0431**

Benefiting Student: \_\_\_\_\_

College/University: \_\_\_\_\_

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.*

Recipient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_

Address to send scholarship check (University, Financial Aid office, etc) to:

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