UNIVERSITY OF KENTUCKY
College of Health Sciences

2015-2016 Scholarship Acceptance Form

In accepting this award, you are indicating that you intend to be an active member of your program, maintain the required GPA (if applicable), promote the College at various events when available, provide a professional, hand-written thank you note that can be given to scholarship donors, and be a model student for the College.

Scholarship recipients are expected to attend the annual College of Health Sciences Scholarship Recognition Event during the Spring of 2016 (invitation forthcoming), unless on a clinical rotation that has you outside Lexington during the date of the event.

Name:

Student ID:

Email Address:

Cell Phone Number:

Parent Name(s)

Parent Address(es)

Signature:

Date:

Please return completed form and thank you note(s) to:

Rebecca Serrano
Charles T. Wethington Bldg, Room 111
900 South Limestone Street
Lexington, KY 40536-0200

Due by July 15th, 2015