

Student Scholarship Acceptance Form

Last Name: _____ First Name: _____ M.I.: _____

Name of Scholarship & Amount of Award: _____

College/University: _____ Student ID/ Account #: _____

Home Address (No PO Boxes): _____ Apt./Unit#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Major: _____ Expected Graduation Date: _____

Please sign below to verify that the above information is accurate and complete and to indicate that you wish to accept your scholarship. **You are accepting responsibility for complying with the scholarship requirements as indicated in your award letter (tuition bill, transcript, progress report, etc.). Your scholarship payment will not be released until this signed form and all requirements are received by TFEC. It is understood that this scholarship must be used during the current academic year as indicated in your award letter. If it is not used within this time frame, it will be revoked.** It is understood that information may be shared with the donor(s) establishing the scholarship (name, major, class rank, etc.). Information such as name and college may be used in newspaper publications. If your scholarship is renewable, please be sure that you understand the criteria for renewing it, included on your award letter.

Signature: _____ Date: _____

Matching Award Opportunities

****If you are attending a post-secondary educational institution within the Commonwealth of Pennsylvania, read and complete the section below****

AES/PHEAA's PATH ("Partnerships for Access to Higher Education") Program

As a TFEC scholarship awardee, you have the opportunity to have your award matched on a dollar-for-dollar basis by AES/PHEAA's PATH ("Partnerships for Access to Higher Education") Program. PHEAA may grant matching funds to scholarship recipients who are enrolled in an approved Pennsylvania college or career school, who are a state grant recipient, and who demonstrate financial need. TFEC will automatically submit the following information to PHEAA: your name, your home address (no PO Boxes will be accepted), the name of the college you are attending, amount of your scholarship award, and your social security number. Please sign below and include your social security number if you would like your information submitted. Your social security number will not be shared with anyone other than PHEAA.

☐ I am attending a post-secondary educational institution within the Commonwealth of Pennsylvania, but **please do not submit my information to PHEAA. I do not wish to be nominated for a PATH award.** (You do not need to sign and provide your SSN.)

Signature: _____ Date: _____ Social Security Number: _____

Please send this form to the address below. Acceptance forms must be received no later than August 31st. **Students whose forms are received later than August 31st will not be nominated for a PATH award.**

The Foundation for Enhancing Communities

Attn: Jennifer Kuntch, Program Officer for Educational Enhancement

PO Box 678

Harrisburg, PA 17108-0678