



SHALOM COLLEGE  
**P & F**

## ACCEPTANCE OF SHALOM COLLEGE SUPPORT SCHOLARSHIP FORM

I \_\_\_\_\_ (insert student name) hereby accept the Support Scholarship for which I have been selected.

My parent/guardians and I have read and understood the terms and conditions of the Shalom College Support Scholarship Rules and Guidelines and agree to abide by such rules and guidelines and meet all identified obligations associated with this scholarship.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/ Guardian Signature(s) \_\_\_\_\_

Date \_\_\_\_\_