Dear Parents,

Please take a moment to review our Scholarship Terms and Agreement.

SCHOLARSHIP TERMS OF AGREEMENT

- Please read and *initial* signifying you fully understand the fee and payment policy guidelines.
- All boxes (spaces) must be initialed.

| - A completed cover page must accompany each submitted Enrollment Packet. | |
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| | |

| remaining balance not covered by | y scholarship. e read and agree with the above policy. Date Printed Name of N | lother/Guardian | Date |
|--|---|-----------------------|--------|
| remaining balance not covered by | • | | |
| | y scholarship. | | |
| | t is dismissed from a scholarship program, I | will be responsible t | or the |
| A written note (parent or do school after an absence in order for | octor) must accompany my child on the first for the absence to be excused. | day of arrival back t | 0 |
| in dismissal from the scholarship p | | | |
| Checks that are not signed w | with the 10-day period will be assessed a \$20 | 0 late fee PER STUD | ENT. |
| Checks are required to be sig | gned within 10 days of notification. | | |
| Hope Christian Academy wil comunication sources (i.e. <u>The M</u> | II notify me when checks are received by wa lane Newsletter/ MySchoolWorx). | y of official academ | У |
| | each time they are received. | | |
| I am required to sign checks | and time they are received | | |
| | IcKay scholarships send payments four times | each school year. | |