

Valdosta State University  
International Student Scholarship Agreement  
For Graduate and Undergraduate Students  
Fall 2008

**Scholarship Agreement**

I have read the description of the International Student Scholarship, and I understand the conditions and requirements of the award. By signing my name below, I agree to accept the International Student Scholarship and obligations and conditions of the award.

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(signature)

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(print name)

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(date)

I do NOT wish to accept the International Student Scholarship.

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(signature)

(print name)

(date)

Activity 1: International Dinner

Activity 2: \_\_\_\_\_

Activity 3: \_\_\_\_\_

Please fax the form to Ms. Irina McClellan at 1-229-245-3849