

Valdosta State University  
International Student Scholarship Agreement  
For Undergraduate Students

Term: \_\_\_\_\_ Year: 20\_\_\_\_

**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.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

I do NOT wish to accept the International Student Scholarship.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

Activity 1: International Dinner

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

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

Please fax the form to Ms. Lauren Braun at 1-229-245-3849