
Community Foundation

of St. Clair County

Come Home Award Acceptance Form

Legal Name _____

Social Security Number _____

Name of lender in which payments should be made: _____

Account Number _____

Amount of Monthly Payment _____

Address of Lender _____

Acceptance Statement

I wish to signify my acceptance of the scholarship award and my agreement to the conditions set forth below. I understand that failure to abide by these conditions shall constitute sufficient reason for the termination of my scholarship and forfeiture of future payments.

I agree that:

Agree

Disagree

Within 120 days, I will provide the Foundation with a written job commitment from an employer somewhere within St. Clair County, or be able to demonstrate my own entrepreneurial ability to create my own company/business within St. Clair County.

Within 120 days, I will provide the Foundation with proof of residency in St. Clair County.

The Community Foundation has the right to request proof of employment (recent pay stub) and proof of residency (copy of bill, etc.) at any time throughout the award period.

Payments will be made directly to the lender provided above at the end of each quarter (March 31, June 30, Sept. 30 and Dec. 31) equivalent to \$1,500 until \$10,000 has been paid. Payments will begin once we have confirmation of employment and residency.

If I fail to maintain employment and residency in St. Clair County I will forfeit all future payments at the discretion of the Community Foundation.

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Scholarship grants made by the Foundation are outright gifts and are not subject to repayment.

Agree

Disagree

I recognize that these payments are considered taxable income.

I agree to provide the Foundation with a photograph of myself (via email to audrey@stclairfoundation.org) that may be displayed on the website or used in printed material.

I understand that I may be asked to speak at various events identified by the Community Foundation throughout the payment period of my award not to exceed 3 per year.

Signature of Recipient

Date