



Mon Health Medical Center Foundation Scholarship Agreement Renewal 2024

By signing below, I understand that I AM RESPONSIBLE for:

- **Notifying the Foundation if I become ineligible for the scholarship and refunding the Foundation accordingly. Examples of ineligibility include:**
 - Failure to maintain a minimum GPA of 2.5 for any semester.
 - Failure to maintain a course of study in approved health care field.
 - Failure to complete a school term.
- **Not accepting more aid from all sources than exceeds my annual tuition, room and board, books, and lab fees.**
- **Keeping a current address, email, and cell phone number on file with the Foundation.**
- **Requesting payment each semester from the Foundation via the payment request form.** This form will be sent to you via email, or you may request a hard copy.
- **Submitting grades after each semester with the payment request form.** This can be a copy of your grade report and does not need to be an official transcript.
- **Submitting a copy of the school invoice with the payment request form.**
- **Submitting the renewal application to the Foundation for each year I want the Foundation to consider renewing my scholarship.** This will be sent via email for as long you remain eligible (4 year maximum) or you may request a hard copy.

Acknowledged and Accepted:

Student (PRINT NAME)

(SIGNATURE)

*Parent or Guardian (PRINT NAME)

(SIGNATURE)

*Unless student files income taxes as independent

Your scholarship agreement must be returned to the Foundation office by March 1, 2024 to continue your scholarship.

Mail or Email completed form to:

Mon Health Foundation
Joanna Wiley
1200 JD Anderson Drive
Morgantown, WV 26505



Joanna.Wiley@VandaliaHealth.org
304-598-1243