



TAME SCHOLARSHIP AGREEMENT

Please complete, sign and return this agreement via e-mail (programs@tame.org), fax (512.471.6797) or mail (10100 Burnet Road, R9200, Austin, TX 78758). To process your scholarship to your university, the agreement and photograph must be received at the TAME offices by **Monday, July 2nd, 2018**.

STUDENT INFORMATION

Student Name: _____

Student Email: _____

Permanent Address: _____

Cell Phone: _____ Other Phone: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Parent/Guardian email address: _____

Parent/Guardian Phone: _____

UNIVERSITY INFORMATION – *mandatory to receive scholarship*

Name of University: _____

Student ID (At University): _____ Academic Major: _____

Mailing Address of Financial Aid Office: _____

AGREEMENT

- I understand that scholarships will be split between the fall and spring semesters, and that checks will be sent directly to the university financial aid office.
- I understand that the scholarship is awarded by my designated major. If I change to another major or leave the university, then I understand that this scholarship may be revoked.
- I understand that the spring semester check will be mailed after TAME receives my End of Semester letter describing the impact of the TAME scholarship on my first semester in college, due to the TAME State Office no later than **Tuesday, January 1st, 2019**.
- I understand I am required to submit a recent color photo of myself with this agreement.
- I understand TAME and third parties authorized by TAME are permitted to use my image and quote parts of my personal essay in media and marketing materials as appropriate.

Student Signature: _____ Date: _____

Upon receipt of this signed agreement and student photograph, scholarship funds will be mailed to the financial aid office at the university. Note: **If you do not fill this form out accurately in its entirety we will not be able to send payment.**