



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: _____

AGREEMENT

- I understand that scholarships will awarded by the University, and that funds will be applied directly to my account. Some universities may split the scholarship between two semesters.
- I understand that the scholarship is awarded by my designated major. If I change to another department or leave the university, then I understand that this scholarship may be revoked.
- I understand that I am required to send TAME an End of Semester letter describing the impact of the scholarship on my first semester in college. (Due at the TAME State Office no later than Monday, January 1st 2018.)**
- 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: _____