DATE

(NAME) (ADDRESS) (CITY, STATE, ZIP)

RE: Scholarship Number [GRANT NUMBER]

Dear [STUDENT NAME]:

On behalf of the Foundation for Appalachian Kentucky, I am pleased to inform you that you have been chosen to receive the [SCHOLARSHIP NAME] Scholarship in the amount of ______ and 00/100 (\$[DOLLAR AMOUNT]) dollars for your educational endeavors. This scholarship will be paid directly to your school for the upcoming fall.

[Insert optional information about scholarship and/or donors.]

Award Processing

The following information is required in order to process your scholarship award for the fall semester. The scholarship award check cannot be issued until this information is received by the Foundation for Appalachian Kentucky:

- Completed Scholarship Acceptance Form
- The name of the college or university you are attending
- The student ID assigned to you by your college or university or other verification of full-time enrollment for the fall semester

<u>*If we do not receive the requested information by **August 1, 20**, the scholarship may <u>be rescinded. Please contact the Foundation for Appalachian Kentucky if you cannot send</u> <u>in the information by this date.</u></u>

Forfeiture of Award:

The applicant understands the award could be rescinded in any of the following circumstances:

• Does not enroll full-time in a program of study for the semester/quarter in which the award is to be in effect.

Taxability of Scholarship Award:

In certain situations, scholarship funds are considered taxable income for the recipient. The Internal Revenue Service provides information about scholarships on their website at: <u>http://www.irs.gov/taxtopics/tc421.html</u>. For questions about how this scholarship grant might impact you, please consult with your tax professional.

Please feel free to contact us if you have any questions at 606-439-1357 or <u>kristin@appalachianky.org</u>. Also, please remember to inform us immediately if your school plans change or you have a change of address.

Congratulations again on receiving this award and good luck with your upcoming studies!

Sincerely,

Joel Brashear Board Chair, Foundation for Appalachian Kentucky

Scholarship Acceptance Form

Congratulations on being selected to receive a scholarship from the ______ fund through the Foundation for Appalachian Kentucky!

Please verify that the information below is accurate, and enter the remaining information. All fields must be completed. Return this form, proof of acceptance/enrollment, and thank you letter to our office by **August 1, 20**___, as it may take up to 30 days upon receipt of this form to issue your scholarship check.

Scholarship Fund:	
Award Amount:	_
Scholarship Recipient:	
Email Address:	Phone:
Mailing Address:	

Information regarding the education institution you are attending for the 20__ school year:

School Name:		City:
	State:	-
Student ID #:	Anticipated Start Date:	

Scholarship Terms:

- I understand that in order to receive this scholarship, I must:
 - Complete and Submit the Scholarship Acceptance Form o Submit proof of enrollment
- I understand that per my instructions, the scholarship award will be issued to the educational institution indicated above for educational purposes.
- I understand that the Foundation for Appalachian Kentucky may contact me in the future requesting information for publicity purposes.
- I authorize the Foundation for Appalachian Kentucky to release my name and photograph and any relevant application information to the media.
- Send the completed form to the Foundation for Appalachian Kentucky by August 1, 2016. <u>Failure to do so may result in the forfeiture of this scholarship</u>. Please keep a copy for your records. Completed forms may be submitted: o By email: <u>kristin@appalachianky.org</u>
 - By mail: Foundation for Appalachian Kentucky, P.O. Box 310, Chavies, KY 41727