



**Signature and Agreements:** I certify that the information I have provided is accurate and that I will notify the Osher Reentry Committee immediately if my circumstances change or if I am awarded other scholarships. I understand that maintenance of a 3.0 grade point average and enrollment in the semester(s) the scholarship is awarded is mandatory. I authorize the Office of the Registrar and the Financial Aid Office to release information to the Scholarship Committee as needed for establishing initial and ongoing eligibility for the scholarship.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only:*

\_\_\_\_\_ Accepted      \_\_\_\_\_ Denied      \_\_\_\_\_ Other \_\_\_\_\_