**Terms of Scholarship – College or University**

*Congratulations, you have been awarded an ACE Mentor Program scholarship. The following terms apply to your award. Please review these terms, sign the document and return it as directed below.*

1. Fields of study covered by this scholarship are architecture, engineering, construction, and related disciplines, as approved by the ACE Mentor Program of America and/or a scholarship recipient’s local ACE affiliate.
2. A check will be issued in the fall of each year, in the amount of one-fourth of the scholarship award. This payment shall be made in four annual installments, or until the student graduates from the program, whichever comes first.
3. The student may change colleges without affecting this scholarship, but must notify the ACE Mentor Program about the transfer and adhere to all other terms.
4. To avoid forfeiting the remainder of the scholarship, the student must remain in good academic standing, continue in a field of study covered by ACE, and annually provide a disbursement form and transcript to ACE.
5. It is the student’s responsibility to provide ACE with the required information each year.
6. The student must accept the terms of this scholarship and initiate disbursement of scholarship funds within two years of graduation from high school. If the scholarship is not accepted and payments are not initiated after two years, the scholarship will be forfeited.
7. Once the first installment of scholarship is paid, the student must use the remaining funds within five years. Any funds remaining after five years will be forfeited.
8. Student must use full amount of the scholarship within seven years of graduation from high school. Any funds remaining after this period will be forfeited.

*I have read and I understand the above terms.*

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Parent or Guardian (if under 18 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Completed Form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_