

LANL SCHOLARS

ACHIEVEMENT » LEADERSHIP » SERVICE

Accept Your Scholarship Award

I have carefully read and understand the **LANL Scholars Program Scholarship Retention, Deferment, Probation & Reinstatement Policy**. By checking the box below and accepting my scholarship award, I willfully agree to abide by these terms.

Yes

No

I have carefully read and understand the **LANL Foundation Media Release**. I willfully agree to these terms.

Yes

No

I have carefully read and understand the **LANL Scholars Program Information Release**. I willfully grant my authorization and release.

Yes

No

Print Full Name: _____

Signature: _____ Date: _____

I am 18 years old or older.

Yes

No

If "No", parent or guardian must sign below.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____