

**The Simpson Foundation**  
c/o Warren Averett  
105 Tallapoosa Street, Suite 300  
Montgomery, AL 36104

**TERMS AND CONDITIONS FOR THE SIMPSON FOUNDATION GRANT**

I hereby accept the Simpson Foundation grant, and agree to the following conditions of eligibility:

1. I agree to be enrolled as a fulltime student, which means I will carry a **full course load of a minimum of 12 hours per semester**. I will provide proof of enrollment as a fulltime student to the Trustees before the first half of the grant is paid. Proof of enrollment **is due 10 days after the first day classes begin for fall semester**.
2. Each grant recipient is required to mail an **OFFICIAL TRANSCRIPT** to the Simpson Foundation after each grade period. Fall transcripts are due by January 30<sup>th</sup>; spring transcripts are due by June 30<sup>th</sup>. **I understand the second half of my grant will not be paid until the Trustees have received an official transcript. I further understand that the second half of the grant may not be paid if I am on academic probation or not enrolled as a fulltime student.**
3. If I withdraw from school or transfer to another school, I will notify the Trustees immediately. **Any fund balance at the time of withdrawal will be returned to the Trustees.**
4. I understand it is my responsibility to furnish a current Wilcox County address and phone number for the Trustee's records and update such information as it may change during my college education.

**Failure to follow conditions of eligibility may cause the grant to be cancelled for the academic year.**

**I give The Simpson Foundation authorization to discuss the status of my scholarship with my parents / guardian.**

**GRANT RECIPIENT**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Sign Name**

\_\_\_\_\_

**Date**

**READ THIS ENTIRE DOCUMENT BEFORE SIGNING AND RETURN TO  
THE SIMPSON FOUNDATION**