

Alabama G.I. Dependent Scholarship Agreement of Understanding

I understand that I must complete a Free Application for Federal Student Aid (FAFSA) for each year that I seek benefits under the scholarship. **INITIALS REQUIRED:** _____

I understand that **all** grants and scholarships will be applied to my educational expenses first (unless otherwise proscribed by federal law) and that the Alabama G.I. Dependents Scholarship will **only** be applied for any applicable remaining charges pursuant to current state law. **INITIALS REQUIRED:** _____

I understand that tuition paid per semester hour will be limited to the rate of the Department of Defense Tuition Assistance Cap **and that** applicable instructional fees and required textbooks paid will be limited to a total combined amount of \$1,000 per semester. **INITIALS REQUIRED:** _____

I understand that I must complete a Family Educational Rights and Privacy Act (FERPA) release form for each educational institution that I attend to authorize the release of personally identifiable information required to determine my continued eligibility and as required for any necessary reporting. Some education institutions may require this annually. **INITIALS REQUIRED:** _____

I understand that I must comply with the Standards of Satisfactory Academic Progress (SAP) as required for Title IV benefits. These standards will be defined by the education institution that I am attending. **INITIALS REQUIRED:** _____

I understand that I can only use the scholarship for undergraduate courses of study. **INITIALS REQUIRED:** _____

I understand that I must be a current resident of the state of Alabama and maintain that residency while receiving benefits under this program. **INITIALS REQUIRED:** _____

I understand that the scholarship cannot be used for non-credit, remedial or continuing education classes. **INITIALS REQUIRED:** _____

I understand that I must contact the Alabama Department of Veterans Affairs immediately concerning any change in my dependency status to include but not limited to a divorce from the qualifying veteran in the case of a spouse or step-child. **INITIALS REQUIRED:** _____

I understand that I must contact the Alabama Department of Veterans Affairs immediately concerning any change in my contact information including but not limited to name, telephone number, mailing address and email address. **INITIALS REQUIRED:** _____

I understand that I am only eligible to receive benefits under the Alabama G.I. Dependent Scholarship Program once, regardless of future dependency. **INITIALS REQUIRED:** _____

I understand that providing false information or documents, to include failing to disclose a relevant fact or failing to report changes to a relevant fact, may result in a denial of benefits, required repayment, and legal action up to and including criminal prosecution. **NOTE: If the applicant is under 18 years of age, a parent or legal guardian must initial and sign as well as the student.**

Applicant Signature

Parent or Guardian Signature

Date