

**Satchel Paige Foundation
(SPF)
Memorandum of Understanding**

I am applying for a scholarship to be awarded by the Satchel Paige Foundation. I understand that SPF is a non-profit organization, which awards scholarships to single parents who meet certain eligibility requirements.

I understand the following:

1. SPF has certain requirements for eligibility that must be met before I may be awarded a scholarship.
2. The status of program funds and/or eligibility requirements may be changed without notice.
3. I must meet all eligibility requirements during the semester for which a scholarship is awarded or I will forfeit the scholarship.
4. Not all applicants who meet eligibility requirements may be awarded a scholarship.
5. If I drop out of school for any reason, marry, or move out of the Jackson County, I lose all rights to remaining awarded funds. I shall be responsible for notifying SPF.
6. I understand that dropping classes, in any given semester, below the award amount, may affect current or future scholarship awards. I shall be responsible in notifying SPF.
7. I understand that if I miss an interview appointment I may become ineligible to receive a scholarship.
8. Purposely falsifying any information required by SPF or making misleading or false statement concerning SPF or any agencies dealing with SPF will result in immediate dismissal from the program.
9. I understand that the Program Committee decision is final.

If I am not awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I do waive any cause of action that I may have against the Satchel Paige Foundation, its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that the Satchel Paige Foundation, its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason of not receiving a scholarship.

I have read and understand the above requirements and by my signature do agree to abide by them.

Signature of Applicant

Date

I understand that the Satchel Paige Foundation is required to verify all information provided to determine eligibility for assistance. I hereby give permission for all financial and academic information related to my application for a Single Parent Scholarship to be released, upon request, to the Satchel Paige Foundation. I also agree to participate in follow up research conducted by SPF after I am no longer receiving scholarship awards and hereby give permission to SPF to obtain enrollment and graduation information from my school as is needed for their subsequent reports.

Signature of Applicant

Date