



**IN KIND SCHOLARSHIP AGREEMENT**

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**Section B: To be completed by the In Kind Scholarship recipient:**

**Please Print clearly and complete all the fields. Incomplete forms will be returned and temporarily suspend Scholarship award.**

Students Name: \_\_\_\_\_ Full SSN#: \_\_\_\_\_

Scholarship agreement is for: Fall \_\_\_\_\_, Spring \_\_\_\_\_, Work Study Award: \$ \_\_\_\_\_

Students email: \_\_\_\_\_ Students phone #: \_\_\_\_\_

Have you received the In Kind Scholarship at CCV (FBIS) within the 12 months?  Yes  No

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section B: To be completed by the Work Study Supervisor:**

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

Supervisor's email: \_\_\_\_\_

Student's job position for the semester: \_\_\_\_\_

Students average weekly Hours: \_\_\_\_\_

**Enter the expected work schedule agreed upon for the Semester (i.e. 1pm – 4pm on Monday, 9am – 1pm on Tues., etc.)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Scheduled Work Hours						

**Supervisor is required to monitor and record Students weekly hours on official time sheet.**

**After Sections A and B are complete the Student must return this form to the Academic Dean for final approval.**

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**Section C: To Be completed by the Registrar and Academic Dean:**

Registrar:

Has the In Kind Scholarship Award money been applied to the Students account:  Yes  No

Date Scholarship Applied: \_\_\_\_\_ Scholarship Amount Awarded: \$ \_\_\_\_\_

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Academic Deans Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Deans Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hourly Rate is determined by In Kind Scholarship Guidelines.

**Once form is completed it must be filed in the student's official academic/financial record.**