

Washington State Scholars Program of 2009 Award Response Form

IMPORTANT: Complete and **return this response form to the Higher Education Coordinating Board postmarked by May 11, 2009.** The terms of award are described on the "Grant Q&A Sheet" posted to the HECB web site at www.hecb.wa.gov/paying/waaidprgm/wsp.asp by clicking "For new (2009) Washington Scholars." The courtesy of a reply is appreciated whether or not you accept the award. If you decline the terms of award as described in the information sheet, or fail to respond, you will retain Washington Scholar recognition but forfeit the scholarship benefit. The scholarship then will be offered to the Washington Scholar-Alternate in your legislative district.

| | |
|---|--------------------------------|
| SECTION I: Recipient Information | |
| Name | Social Security No. (Required) |
| Permanent Mailing Address -- Street | E-mail Address |
| Permanent City/State/Zip + 4 | Phone No. |

| | |
|---|--|
| SECTION II: Place a check (✓) next to the option you select, fill in the blank(s), and sign where appropriate. | |
| YES | I accept the Washington Scholars scholarship/grant benefit and agree to the terms of the award as stated in the Washington Scholars of 2009 Grant Q&A Sheet. I plan to attend: |

_____ (Name the Washington college or university)

Signature _____ Date _____

| | |
|------------|--|
| YES | I would like to accept the Washington Scholars scholarship/grant benefit but will be unable to meet the enrollment requirement by the fall term of 2009. I am requesting that the Higher Education Coordinating Board grant to me a one-year deferment of the enrollment requirement, due to the extenuating circumstances described in my letter of petition attached. |
| | I plan to attend: _____ Expected Entry Date: _____ |
| | _____ (Name the Washington college or university) |
| | Signature _____ Date _____ |

| | |
|-----------|---|
| NO | I have decided to relinquish the scholarship benefit awarded to me as an individual named to Washington Scholar recognition for 2009. With this acknowledgment, I am aware that I forfeit my right to any further financial benefit that may have accrued to me through this program. By my signature, I acknowledge that the Higher Education Coordinating Board will offer this scholarship to the Washington Scholar Alternate as defined by statute. (Check one of the boxes below) |
| | <input type="checkbox"/> As of fall 2009, I will attend: _____ in _____ <div style="text-align: center; margin-left: 200px;">(Name the college or university) (Name the state)</div> |
| or | <input type="checkbox"/> I will not attend college during the next academic year (2009-10). |
| | Signature _____ Date _____ |

(see more on reverse)

SECTION III: Award Impact on Recipient

At the present time, my plans are to be enrolled:

| | <i>(Check all that apply)</i> | | |
|--------------------------------------|-------------------------------|---------------------|----------------------|
| | Full-time | Less than full-time | Will not be enrolled |
| Fall quarter/semester, 2009 | | | |
| Winter quarter/Spring semester, 2010 | | | |
| Spring quarter, 2010 | | | |
| Summer term, 2010 | | | |

Did the availability of the Washington Scholars grant influence your choice of institution? Why or why not?

| | | | |
|-----|----|--------|-------------------------|
| Yes | No | Other: | Please explain briefly: |
| | | | |
| | | | |

Will you receive other scholarship(s) for undergraduate study in the next academic year in addition to, or in lieu of, the Washington Scholars grant?

Yes The total dollar value of all scholarships (excluding the Washington Scholars grant) for the 2009-10 school year is expected to be: \$ _____

No I will not receive other scholarships in the 2009-10 school year.

SECTION IV: Optional, for reporting purposes only. This information is useful in the administration of the program, and no personally identifiable data is distributed. Your responses to this section are confidential and will not affect your eligibility for the award.

| | | | | |
|---|--|--|--|---|
| Ethnic Origin: <i>(Check as many that may apply)</i> | | Estimated Family Income: <i>(Check one)</i> | | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Caucasian (other than Hispanic) | <input type="checkbox"/> \$ 0 - \$19,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> \$20,000 - \$39,999 | <input type="checkbox"/> \$60,000 - \$79,999 | |
| <input type="checkbox"/> African American (other than Hispanic) | <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$80,000 - \$99,999 | |

Additional questions or comments:

Questions may be directed to Ann M. Voyles, Program Manager, at (360) 753-7843 or via e-mail at <annv@hecb.wa.gov>. **Please return the completed document, postmarked by May 11, 2009, to:**

Washington State Scholars Program
 Higher Education Coordinating Board
 PO Box 43430
 Olympia, WA 98504-3430

Fax: (360) 704-6243 (If faxing, please follow up with original by mail)