



Acceptance of Scholarship

Please complete and mail this form to LASPAU.

- Yes, I accept the scholarship.

I have read the information describing the conditions of my scholarship, and I understand my financial and academic responsibilities.

Signature _____ Date _____

Name _____
(please print)

- No, I do not accept the scholarship because _____

Signature _____ Date _____

Name _____
(Please Print)