



GLOUCESTER COUNTY COLLEGE

learning for real life 

Foundation Scholarship Academic Release and Acceptance Form

I, _____,
on _____, 20____, understand that if selected as the
recipient of the *GCC* Foundation Scholarship, I must comply with the conditions of
the _____ Scholarship as stated in the
Selection/Criteria/Condition of the Scholarship Announcement. If it becomes
necessary to temporarily discontinue my education from the College, I must
participate in an EXIT Interview with the Administrator of Student Scholarships
prior to processing the Withdrawal Form. I fully understand that if selected for
the *GCC* Foundation Scholarship, my academic transcript will be sent to the donor
of the scholarship at the end of each academic period.

Student's Signature

Date

Parent's Signature

Date

(Required if Student is under 18 years of age)

PLEASE RETURN FORM TO:
ADMINISTRATOR OF STUDENT SCHOLARSHIPS
IN THE STUDENT SERVICES BUILDING