

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

I acknowledge that the following items are essential for the name indicated above to complete \_\_\_\_\_ (student's name + training/apprenticeship/etc.).

The Foundation reserves the right at any time to terminate this scholarship if, in its discretion, it determines the recipient has made any misrepresentations, has in any way misappropriated funds, or if continued adherence to any condition or restriction is in the judgment of the Foundation's Board of Trustees inconsistent with the charitable tax-exempt status of the Foundation. If such a determination is forthcoming, the Foundation can request the return of funds by giving notice to the recipient of this request. Once the recipient has received this notice, the recipient shall reimburse to the Foundation all of the funds advanced under the terms of this agreement. I understand that through the following agreement I am signing off on such needs. If MGCF deems necessary, based on illicit usage of funds, I will be accountable to pay back any indicated funds listed. *Funds only available for continued education through internship, training or other career associated costs approved by the Foundation's Board of Trustees.*

**LIST INDICATING USAGE OF FUNDS:**

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TRADE REPRESENTATIVE

\_\_\_\_\_

DATE

\_\_\_\_\_

STUDENT

\_\_\_\_\_

DATE

\_\_\_\_\_

MGCF REPRESENTATIVE

\_\_\_\_\_

DATE