

# Alabama G.I. Dependent Scholarship Agreement of Understanding

I understand that I must complete a Free Application for Federal Student Aid (FAFSA) for each year that I seek benefits under the scholarship. \_\_\_\_\_ **Initials required**

I understand that **all** grants and scholarships will be applied to my educational expenses first (unless otherwise proscribed by federal law) and that the Alabama G.I. Dependents Scholarship will **only** be applied for any applicable remaining charges pursuant to current state law. \_\_\_\_\_ **Initials required**

I understand that tuition paid per semester hour will be limited to the rate of the Department of Defense Tuition Assistance Cap and that applicable instructional fees and required textbooks paid will be limited to a total combined amount of \$1,000 per semester. \_\_\_\_\_ **Initials required**

I understand that I must complete a Family Educational Rights and Privacy Act (FERPA) release form for each educational institution that I attend to authorize the release of personally identifiable information required to determine my continued eligibility and as required for any necessary reporting. Some education institutions may require this annually \_\_\_\_\_ **Initials required**

I understand that I must comply with the Standards of Satisfactory Academic Progress (SAP) as required for Title IV benefits. These standards will be defined by the education institution that I am attending. \_\_\_\_\_ **Initials required**

I understand that I can only use the scholarship for undergraduate courses of study. \_\_\_\_\_ **Initials required**

I understand that the scholarship cannot be used for non-credit, remedial or continuing education classes. \_\_\_\_\_ **Initials required**

I understand that I must be a current resident of the state of Alabama and maintain that residency while receiving benefits under this program. \_\_\_\_\_ **Initials required**

I understand that I must contact the Alabama Department of Veterans Affairs immediately concerning any change in my dependency status to include but not limited to a divorce from the qualifying veteran in the case of a spouse or step-child. \_\_\_\_\_ **Initials required**

I understand that I must contact the Alabama Department of Veterans Affairs immediately concerning any change in my contact information including but not limited to name, telephone number, mailing address and email address. \_\_\_\_\_ **Initials required**

I understand that I am only eligible to receive benefits under the Alabama G.I. Dependent Scholarship Program once, regardless of future dependency. \_\_\_\_\_ **Initials required**

**I understand that providing false information or documents, to include failing to disclose a relevant fact or failing to report changes to a relevant fact, may result in a denial of benefits, required repayment, and legal action up to and including criminal prosecution. If the applicant is under 19 years of age, a parent or legal guardian must initial and sign as well as the student.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date