



HILDA E. BRETZLAFF FOUNDATION, INC.

1550 N. Milford Rd., Suite #101, Milford, MI 48381

Dependent Acceptance Agreement

Please carefully read, sign and return this document as soon as possible to your Hilda E. Bretzlaff Foundation Contact so that your grant can be processed.

Having been notified by the Board of Trustees of the Hilda E. Bretzlaff Foundation that my/our child's application for a grant has been favorably accepted, I/we wish to signify my/our acceptance of the award and my/our agreement to the conditions set forth below. I/we understand that failure to abide by these conditions shall constitute sufficient reason for the termination of my/our child's grant.

1. My/our child will maintain a minimum grade point average of 2.0.
2. I/we will immediately notify and explain in writing to the Hilda E. Bretzlaff Foundation, any change in plans in my/our child's education, such as: interruption of attendance, transfer to another facility, discontinuance of school, or the receipt of other scholarships or financial assistance.
3. I/we will furnish additional information, if requested, which shall reasonably pertain to the grant eligibility requirements.
4. My/our child will be enrolled in the awarded school as a full-time student during the period under consideration.
5. My/our child will meet the requirements and guidelines of the educational institution that he/she is attending.
6. I/we realize that my/our child must re-apply for a Hilda E. Bretzlaff grant each year by submitting a HEBF re-application.
7. I/we will notify and explain in writing to the Hilda E. Bretzlaff Foundation any classes that our child may drop or fail during any semester, term or period in which he/she is being provided a Hilda E. Bretzlaff Foundation grant. I/we will reimburse the Hilda E. Bretzlaff Foundation for all classes dropped during any semester, term or period in which the Hilda E. Bretzlaff Foundation grant is financially supporting.
8. The amount of my/our child's scholarship for the 2009/2010 academic year is \$_____.
9. I/we accept the grant with the above requirements for our child: _____.
(recipient's name)

Parent/ Guardian Signature

Date

Parent/Guardian Printed Name

Institution

Please Note: Your second semester grant will not go out until we receive this form!!