

2008 FUNDRAISING DISCLOSURE AGREEMENT

Fundraising efforts for EAFC scholarships currently are conducted primarily within the state of Mississippi (USA). Therefore, EAFC seeks to establish itself as the leading grant awarding organization within the state directed toward scholarships for African Christians.

In order to avoid duplication and to consolidate similar and related efforts, each EAFC partner is asked to provide full disclosure regarding funding sources or potential funding sources that may provide links to Mississippi funding sources and resources. **Thank you for your cooperation in helping to identify current and potential sources of support for this ministry.**

Without full disclosure of all gifts, scholarships, and earnings, EAFC is unable to accurately determine needs, and adjust our financial commitments. Do you agree to report any changes in your financial information to EAFC? (This information may be included with reports submitted each term.)

Please list all scholarships, loans, grants, or work/study programs applied for or received:

2008 INTEGRITY REQUIREMENT

- I understand that this partnership is based on the integrity of all parties and that each party has agreed to the terms and conditions stated in this proposal / application packet.
- I understand that each party is expected to fulfill its stated obligations.
- I understand that failure to comply with these terms and conditions, including providing false or misleading information, withholding pertinent information requested, or failure to provide contact information that is accessible and operable, will result in forfeiture of scholarship funds.
- I understand that communication between partners is a key component of this scholarship program, therefore:
 - **I agree to communicate with EAFC regarding relevant changes in plans, such as a change of degree program or need to transfer to another educational institution or change in graduation date, prior to making these changes.**
 - **I agree to notify EAFC of changes in address or contact information promptly.**

I hereby verify that all information submitted for review in this application is true and accurate, and agree with the terms and conditions set forth.

Student Name (print): _____ E-Mail: _____

Signature: _____ Date: _____