

Name and Address of Scholarship Recipient:

SAM ID# (only): _____
(Not your username or Social Security Number)

TO: Office of International Programs
Attn: Study Abroad
PO Box 2150
Huntsville, TX 77341

SUBJECT: Scholarship Award Response

Please **initial** one statement (do not check):

_____ I accept the scholarship and the terms of the scholarship per my signed
Acceptance Agreement without reservation.

_____ I must decline the scholarship.

PLEASE RETURN THE FORM AS SOON AS POSSIBLE.