

# Beneficiary Guarantee Acknowledgment

Date: [Insert Date]

To Whom It May Concern,

I, [Beneficiary Name], hereby acknowledge the receipt of the scholarship fund awarded to me by [Scholarship Fund Name]. I understand the obligations and conditions associated with this scholarship and assure that the funds will be used solely for educational purposes.

Furthermore, I guarantee that I will fulfill any requirements mandated by the scholarship program, including maintaining the necessary academic performance and submitting periodic reports as required.

Thank you for your support and investment in my education.

Sincerely,

[Beneficiary Name]

[Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]