

# Scholarship Agreement Letter

Date: [Insert Date]

To,

[Scholarship Provider's Name]

[Scholarship Provider's Address]

[City, State, Zip Code]

Dear [Scholarship Provider's Name],

I, [Your Full Name], am writing to formally accept the scholarship awarded to me on [Date of Award] for [Program/Course Name] at [Institution Name]. I understand and agree to adhere to the terms and conditions set forth in the scholarship agreement.

## Terms and Conditions:

- Maintain a minimum GPA of [Insert GPA Requirement].
- Complete [Insert Number] credit hours each semester.
- Participate in [Insert any required events or activities].
- Submit progress reports to [Insert Contact Person/Department].
- Comply with the rules and regulations of [Institution Name].

I understand that failure to meet these conditions may result in the termination of the scholarship. I am committed to fulfilling all requirements to the best of my abilities.

Please find my signature below indicating my acceptance of these terms:

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[Your Full Name]

[Your Student ID (if applicable)]

[Your Contact Information]

Thank you for this opportunity.

Sincerely,

[Your Name]