



# Scholarship Contract

## FULL-RIDE & PARTIAL SCHOLARSHIPS

Applicant Name	
Phone Number	
Email Address	
Mailing Address	
HBCU	
Major/Minor	
Term/Semester/Year	
Association Name	<b>BRICKTWENTYTWO PRODUCTIONS, INC.</b>
Scholarship Name	<b>RE-BUILDING THE VILLAGE SCHOLARSHIP</b>

This agreement serves as a binding contract between {Student Name}, hereafter referred to as "Student," and **RICKTWENTYTWO PRODUCTIONS, INC.**, hereafter referred to as "Association." By signing this contract, the Student accepts the *Re-Building the Village* scholarship and agrees to adhere to the following requirements until the end of the {semester/term}. The Student further understands that a violation of the following requirements will result in a termination of the scholarship and may require reimbursement.

### STUDENT TERMS

The Student is being awarded the aforementioned scholarship for the express purpose of {course, major, sport, etc.} To keep the scholarship, the Student will do the following:

- ❖ Maintain a {number} GPA
- ❖ Complete {the course, school, etc.} within {number} {weeks, months, years, etc.}
- ❖ Complete all assignments and take or make up all tests.
- ❖ Behave according to the {class, school, campus, etc.}'s Code of Conduct. Any infractions may result in loss of the scholarship.
- ❖ Pay the remainder of the {tuition, books, equipment, etc.} fee (unless a full scholarship was awarded).
- ❖ Other: {Daily practice, specific courses, etc.}

### ASSOCIATION TERMS

The Association will award the Student with the total sum of \${amount}, paid in {number} installments over {amount of time} Association has the right to cease payment or demand reimbursement if the Student fails to follow the aforementioned requirements.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Association Representative's Signature)

\_\_\_\_\_  
Date

# GENERAL MEDIA RELEASE FORM

Production Title \_\_\_\_\_

Production Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1) I, the undersigned, hereby authorize **BRICKTWENTYTWO PRODUCTIONS, INC.** to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate. (I understand that I may be identifiable from such photographic or electronic reproduction)

## AGREED AND ACCEPTED BY:

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature & Date \_\_\_\_\_

I am signing this form as an individual Yes No

I am signing this form as a representative of a group, and have full authority to grant release for this group Yes No

Name of group \_\_\_\_\_

## PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, \_\_\_\_\_, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

\_\_\_\_\_  
Signature of Applicant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Parent/Guardian (if different)

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Phone Number (if different)