

Dear Student,

Congratulations! You have been awarded a scholarship. This is a one-time non-renewable scholarship awarded for the duration of your one-year MBA program at Agora School of Business. If you wish to accept this scholarship, please acknowledge your acceptance by completing the agreement below which outlines the specific requirements of this scholarship offer.

This scholarship can only be used to support your enrollment at Agora School of Business for the MBA program. Upon receipt of this signed agreement, the Office of Accounting and Finance will apply the scholarship funds to cover tuition fees only based on the scholarship amount you received. This will be reflected on your student account. Please note that this scholarship can only be applied towards tuition fees and does not cover any other fees. Please understand that Agora School of Business reserves the right to modify the scholarship at any time due to changes in your eligibility, enrollment status, and availability of funds.

Agora School of Business reserves the right and authority to inspect all documents and to investigate with any individual or organization (including banks) the information needed to support this application at any time. Additionally, ASB reserves the right to reject applications without stating the reasons for rejection.

If you have any questions concerning this scholarship award, please contact the Office of Admissions.

SCHOLARSHIP AGREEMENT

I, _____, hereby acknowledge and agree to the following guidelines:

1. I understand that Agora School of Business reserves the right to modify my scholarship at any time due to changes in my eligibility, enrollment status, and availability of funding.
2. I understand that this scholarship has been awarded based on the information provided on the Scholarship application and may be adjusted at any time due to changes in my financial information.
3. I must satisfy all outstanding financial aid requirements before the award may be credited to my account.
4. I should maintain a satisfactory performance through the study duration.
 - **Quarterly cumulative grade of B (GPA of 3.0)**
5. I understand that I must maintain fulltime enrollment to maintain eligibility of my scholarship.
6. I must complete the program during the specified maximum timeframe of one academic year.

7. I understand that if I withdraw from ASB at any point in time during the term in which the scholarship has been applied, the scholarship will be removed from my account and I will be responsible for the balance created, if any.
8. I understand the scholarship may be terminated in the event that I am suspended from the institution for violating the ASB's disciplinary code, failure to meet the continued eligibility requirements, or do not enroll for the period of the scholarship.
9. All the information presented in the scholarship application along with the submitted documents are correct.

Student Name		Student ID #	
Email Address		Mobile Number	
Permanent Mailing Address			
City	State	Zip (if applicable)	Country
Student Signature		Date:	