

# CAMPBELL

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# U N I V E R S I T Y

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## ENDOWED SCHOLARSHIP OFFICE STUDENT ACCEPTANCE STATEMENT

**I acknowledge that I have been selected for an Endowed and/or Direct Aid Scholarship. In accepting the Scholarship, I hereby authorize Campbell University to use my student biographical information, cumulative/major grade point average, and photograph (student identification photograph or other photo) for reporting purposes to the donor (upon request) and/or for scholarship promotional materials. This authorization will remain in effect as long as I am receiving an Endowed and/or Direct Aid Scholarship.**

**Campbell Student ID#** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
                    **First**                                    **Middle**                                    **Last**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: Original signature is required**

**Mail the signed form to the following:**

Campbell University  
Endowed Scholarship Program Office  
PO BOX 36  
Buies Creek NC 27506

**OR**

**Hand carry signed form to the following:**

Endowed Scholarship Program Office  
Financial Aid Building (Coates House)  
Leslie Campbell Avenue  
Monday – Friday 8:30AM – 5:00PM