

**Alta Ballew Scholarship**  
Student Authorization and Acknowledgements

A signed copy of this document must be submitted with the application package in order for your application package to be considered complete.

I have read the following terms and agree to be bound by them if I am selected to receive a scholarship from the Alta Ballew Scholarship Program. If I do not follow these scholarship award agreement terms, I understand it may result in the termination of my award.

1. I understand that I am responsible for timely submission of the application and all required documentation. Applications and supplemental materials received after the deadline may not be considered.
2. I certify that the information contained in this application and all other materials submitted by me for consideration of this scholarship are to the best of my knowledge accurate and true. I also certify that the personal statement is my own work.
3. I consent to electronic delivery of documentation related to my application for this scholarship.
4. I authorize my school to provide the Selection Committee with requested information concerning the status of my enrollment, grades, SAT/ACT scores or any combination of the above.
5. I understand that this is a competitive scholarship program. Scholarships shall be awarded on an objective and non-discriminatory basis, with neither race, creed, color, sex, age, religion, national origin nor disability being considered. The number of recipients and the amount of each scholarship may vary from year to year. Selections are based on information provided in the application and the additional materials received by the deadline. Decisions of the committee are final.
6. I understand that the scholarship grant is subject to my agreement to use the funds for appropriate expenses required for the enrollment or attendance at the institution or in the program during the 2026-2027 academic year. The scholarship grant may be applied to tuition, fees, books and supplies required for my courses of study. I understand that I must be a full-time student after high school to be eligible for this scholarship. Unless I am enrolled in a course of study by October 1, 2026, I understand that my scholarship will be terminated. Any unused funds will be returned to the Scholarship Program.

**7. Award disclosure authorization:**

I give Wells Fargo Bank/CSA permission to disclose award information to my high school and/or college for the purpose of publication or announcement at an award ceremony and permission to list my name as a scholarship recipient on the Wells Fargo Bank/CSA website if I am chosen as a recipient.

I decline to give Wells Fargo Bank/CSA permission to disclose award information to my high school and/or college for the purpose of publication or announcement at an award ceremony and permission to list my name as a scholarship recipient on the Wells Fargo Bank/CSA website if I am chosen as a recipient.

8. Notwithstanding my election of award disclosure authorization above, I understand that my name and school address will be listed as a scholarship recipient on the Return of Private Foundation, Form 990-PF ("Form 990-PF"). In accordance with federal law, the Form 990-PF will be available to the public online and by request.
9. I understand that the Scholarship Program reserves the right to withdraw the scholarship if the recipient is found to have made false or misleading statements to obtain the award, diverts scholarship funds from their intended purpose, fails to maintain satisfactory academic progress, engages in misconduct or a violation of the School's Code of Conduct, engages in conduct involving moral turpitude (shocking or corrupt behavior), or engages in conduct that is illegal and results in a criminal conviction. The decision of the Trustee is final.
10. I certify that I am not related to any of the following as a spouse, child, grandchild, great grandchild:
  - a. Current scholarship selection committee members, Wells Fargo employees, CSA employees, and their spouses.
  - b. The donor who funded the Scholarship Program.

I have read the above terms and certify that I am eligible to apply for a scholarship and that I will abide by these terms.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME \_\_\_\_\_