

AFFIDAVIT AND AGREEMENT

The undersigned, being of legal age and first duly sworn upon oath, does hereby state to the **Glenn Carrier Charitable Trust**, (the "Trust"), that if I receive scholarship money from the Trust, I agree as follows:

1. All money received by me from the Trust shall be used solely for my educational expenses at a college or vo-tech for the next ensuing semester, (the "Semester"), as follows:

- First:** For my tuition for the Semester;
- Second:** For the purchase of books needed by me for Semester classes;
- Third:** For housing or meals to facilitate me in such Semester of study.

2. All monies received by me from the Trust shall be held by me in trust for the uses and purposes above set forth. I understand it would be a violation of the trust if I were to use a portion of the money for any other purpose.

3. If, for any reason, I fail to enroll in a college or vo-tech, or, after having enrolled, fail to complete the Semester, I agree to fully refund the Trust all monies received by me from the Trust within thirty (30) days of the Due Date (hereinafter defined). I understand it is my obligation to contact the Trust to request any extension of time to make the refund.

4. Unless otherwise modified in writing by the Trust, all monies required to be refunded by me as herein set forth shall bear interest from the Due Date at the rate of 7.5% per annum. The Due Date shall be determined as follows:

a. If I fail to enroll, the Due Date shall be the last date for enrollment for the Semester at the college or vo-tech I intend to enroll. If I fail to designate the institution, the last date of enrollment shall be deemed September 30 for the fall semester and January 30 for the spring semester;

b. If I fail to complete the Semester, the Due Date shall be the date classes officially began for the Semester at the college or vo-tech in which I enrolled.

_____)
(Signature)

Print Name: _____)

STATE OF _____)

) ss:

COUNTY OF _____)

This instrument was subscribed, sworn and acknowledged before me on this _____ day of _____, 20 ____.

(S E A L)

_____)
Notary Public

My Commission Expires: _____