



Notice of Withdrawal/Un-Enrollment

I _____, hereby state that to date, I no longer require the scholarship(s) presented to me by or through the Holmes County Education Foundation for the current academic year. Reasons for withdrawing from such awarded scholarship could be due to but is not limited to not being actively enrolled in an accredited college or university. I understand that if at any point I re-enroll in an accredited university or college of my choosing, I must notify the Holmes County Education Foundation immediately if I am still eligible to receive scholarship funds. I agree to contact the financial aid office of my institution to ensure the scholarship funds are returned to the Holmes County Education Foundation in a timely manner. Upon re-enrollment, the Holmes County Education Foundation may re-issue these funds to your new institution provided that it meets the original scholarship criteria and funds are available.

FULL NAME:

HOME ADDRESS:

PHONE NUMBER:

EMAIL:

REASON FOR WITHDRAWAL *(opt.)*

Signature: _____

Date: _____

Please mail or fax this completed form to: 114 North Clay Street, Millersburg, OH 44654

Ph: (330) 674-7303

Fax: (330) 674-7313

"Providing our community with key opportunities for further education"