

**[Date]**

**[Customer Name]**

**[Address]**

**[City, State, Zip Code]**

Dear **[Title and Name]**

Congratulations! We have approved a scholarship package for you to attend **[Insert School]** to study to become a **[Insert Occupation]**. We will pay your tuition and fees to **[Insert School]** and provide you with a card to pay for required books and supplies.

**[Insert if applicable]:** In addition to the scholarship, Workforce Solutions will provide financial aid to help with your transportation costs to attend school [Insert if applicable]: and we will provide financial aid for child care expenses.

Your financial aid for this term includes:

|  |  |
| --- | --- |
| **Tuition and Fees** | **$XX,XXX** |
| **Books and Supplies** | **$XXX** |

Please complete and sign the attached Scholarship Agreement.

Please make sure you contact me when you start school! You must also keep in touch with me at least once a month while you are in school. If you do not keep in touch monthly, Workforce Solutions will discontinue your scholarship support.

Workforce Solutions expects to continue your financial aid for the time specified in your employment plan as long as funds are available and you are able to meet the conditions of our scholarship. Thank you for allowing us to support your efforts to further your education.

Sincerely,

**[PSR Name]**

**[PSR Title]**

**[PSR email address]**

Workforce Solutions is an equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.

Deaf, hard-of-hearing or speech-impaired customers may contact:

[Relay Texas](http://www.puc.state.tx.us/relaytexas/relay/CallTypes.aspx): 1-800-735-2989 (TTY) or 711 (Voice).

[Equal opportunity is the law](http://www.twc.state.tx.us/twcinfo/equal-opportunity.html).



**Scholarship Agreement**

You are responsible to meet the conditions below to keep your scholarship. Initial each statement to acknowledge you understand your responsibility.

**Reporting Requirements**

I must notify Workforce Solutions within 5 business days that I started training.

I must notify Workforce Solutions within 5 business days if I drop a course, make course changes, change my course of study (major) or withdraw from school.

I must show my grades as soon as possible or within 10 business days after semester ends.

I must contact Workforce Solutions at least monthly and keep Workforce Solutions informed about my progress in school.

I must report attendance at least every 2 weeks if I receive assistance with transportation expenses.

I must report attendance as required to meet my cooperation requirements.

I understand if I fail to report as required, Workforce Solutions will discontinue my scholarship and other financial aid.

**Make Your Grades**

To keep your scholarship you must make acceptable progress in school, make at least a “C” average in your most recent semester or term and stay off academic probation. If you experience difficulty meeting your academic requirements, contact Workforce Solutions immediately.

I understand that I may lose my scholarship and other financial aid if my most recent semester average is below a C.

**Think Carefully About Your Goals**

Your employment plan is an agreement between Workforce Solutions and you about your employment goals, course of study, a timeline for making progress and the help you need to meet your goals. You may only change your course of study (major) once.

I understand that I may change to a different course of study only once prior to the completion of my chosen course of study and continue to receive your scholarship.

I understand that once I complete a course of study Workforce Solutions will not pay for education in another field.

**Keep in Touch**

It’s important to check in with us every month while you’re in school. We want to know how you’re doing and if there is anything more we can do to help you reach your employment goals. We also need to know if you’re experiencing any difficulties in school – we want to help you be successful. We’ll work with you to establish how you keep in touch so that it is convenient for you.

Unfortunately, if you don’t keep in touch with us while you’re in school at least once a month, we will discontinue your scholarship assistance and any other financial aid.

\_\_\_\_\_\_\_\_\_\_ I understand that I must keep in touch with my personal service representative at Workforce Solutions at least once a month while I am attending school and that if I don’t contact Workforce Solutions monthly, I will lose my scholarship and any other financial aid.

I accept the financial aid awarded to me in this letter. I understand what I am required to do to retain my scholarship and any other financial aid which supports my educational goals.

I understand that I may lose my scholarship and other financial aid if I do not meet those requirements.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All scholarship renewals depend on available funds*