PENNSYLVANIA HIGHER EDUCATION FOUNDATION
2008-2009 NURSING EDUCATION GRANT PROGRAM
SCHOLARSHIP RECIPIENT AGREEMENT AND CONSENT

The undersigned scholarship recipient (the "Recipient"), as a condition to the disbursement of Nursing Education Grant Program (the "Program") scholarship funds to the Recipient, hereby agrees as follows:

1. The Recipient shall complete and return to the Recipient's educational institution (the "Institution") a written statement in the form of the Recipient Report attached hereto as Exhibit "A" (the "Recipient Report") in sufficient time to allow the Institution to forward the Recipient Report to The Pennsylvania Higher Education Foundation, Inc. (the "Foundation") no later than thirty (30) days after the end of the academic period for which the scholarship was awarded. The Recipient's failure to timely return the Recipient Report to the Institution shall cause the Recipient to become ineligible to receive any further scholarship or financial aid funds that the Institution may receive from the Foundation.

2. The Recipient authorizes the Institution to release to the Foundation any and all information that is held by the Institution with respect to the Recipient and relevant to the Program in the Foundation's discretion, including the Recipient's Social Security Number. The Recipient understands and agrees that all such information, as well as other information provided to the Foundation by the Recipient or the Institution (collectively, the "Recipient Information"), may be disclosed by the Foundation to the Pennsylvania Higher Education Assistance Agency ("PHEAA") and entities related to either the Foundation or PHEAA, including without limitation the Commonwealth of Pennsylvania (collectively with the Foundation, the "Related Information Parties"), and may be used by the Related Information Parties to monitor and further the effectiveness of the Foundation's programs, including the Program, and for other similar purposes. Additionally, all of the Recipient Information, except the Recipient's Social Security Number and grade point average, may be disclosed by the Related Information Parties to the public and shared with third parties, for public relations and other purposes as the Foundation deems appropriate, at the discretion of the Foundation. The Recipient's grade point average may be disclosed to the public and shared with third parties when combined with other grade point averages or otherwise not as a discrete number attributable uniquely to the Recipient.

3. The following is true, correct and complete:

Name:			Grant Amount:	
SSN:			School:	Mercyhurst College
Address:			Degree Sought:	RN CPN
			Program Year:	1st 2nd
			GPA: RN ONLY	
Email:			Date of Birth:	

IN WITNESS WHEREOF, and intending to be legally bound, the undersigned agree(s) to the foregoing as of the _____ day of _____, 20____.

"Recipient"

Name:_____