IPW, INC.

1918 SW SR 14 Apt. 8

Madison, Fl. 32340

8504648054

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that it is my responsibility to successfully complete the Continuing Education & Job Readiness Program by attending all scheduled classes that will begin on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and end on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Prior to being eligible for financial assistance, I understand that I must complete\_\_\_\_ volunteer hours by participating in programs provided by IPW, INC. In the event that I do not successfully complete my selected program for assistance, I understand that I will be responsible for the reimbursement of the full amount rewarded from IPW, INC. Scholarship Fund to the testing administrator and/or accredited college.

STATE OF FLORIDA

COUNTY OF MADISON

In\_\_\_\_\_\_\_\_\_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me, a Notary Public in and for the above state and county, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 NOTARY PUBLIC  
 My Commission Expires: \_\_\_\_\_\_\_\_

(SEAL)