



## Southampton Public Safety Foundation

# ACADEMIC SCHOLARSHIP RETURN OF UNUSED FUNDS

I hereby certify that if the amount of this Scholarship Award exceeds the total combined cost of tuition, books, and housing, we shall be jointly and severally responsible for promptly returning the unused balance to the Southampton Public Safety Foundation Scholarship Fund **within thirty (30) days following the end of the academic year.**

If a refund is issued for any portion of tuition, books, or housing that was paid from the Scholarship Award—whether due to the student's withdrawal or for any other reason—we shall be jointly and severally responsible for remitting the refunded amount to the Southampton Public Safety Foundation **within ten (10) days of receiving the refund.**

Parental Signature

Date (MM/DD/YYYY)

### STATE OF NEW YORK COUNTY OF SUFFOLK

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Signature

Notary Name (typed, printed or stamped)

Student Signature

Date (MM/DD/YYYY)

### STATE OF NEW YORK COUNTY OF SUFFOLK

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Signature

Notary Name (typed, printed or stamped)