

20672 Carrey Rd., Walnut, CA 91789-2418 Tel: 909-595-6777 office@familykeepers.org

Acknowledgement and Agreement by Applicant

- I, the undersigned, hereby acknowledge and agree that,
 - ❖ I have been given the opportunity to apply for the scholarship offered by the Single Parent Family Ministry of Family Keepers, Inc. (FK), a not-for-profit corporation in the State of California, USA.
 - ❖ I understand and agree that it is my responsibility to complete and submit this "Acknowledgement and Agreement by Applicant" form when I submit the Scholarship Applications.
 - ❖ I understand and agree that, if my receipts of scholarship granted by FK in one calendar year is over \$599.00, I must submit the W9 form (for US citizen) or W8 / W8-BEN form (for non-US citizen) to FK to meet the legal requirement by IRS of the US. I also understand that FK shall issue the 1099 form to me if, my total receipt is over \$599 during a calendar year.

Signatory (Applicant)	
	date
Name of the Applicant	(Driet leath Feeligh Q Chings & Name)
	(Print, both English & Chinese Name)
Signatory (Single Parent)	
	date
Name of the Single Parent o	of Applicant
_	(Print both English & Chinese Name)