



20672 Carrey Rd., Walnut, CA 91789-2418 · Tel: (909) 595 - 6777 · Email: 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. (FKI), 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 University Educational Grant Applications.
- ❖ I understand and agree that, if my receipts of University Educational Grant offered by FKI in one calendar year is over \$600.00, I must submit the W9 form (for US citizen) or W8 / W8-BEN form (for non-US citizen) to FKI to meet the legal requirement by IRS of the US. I also understand that FKI shall issue the 1099 form to me if, my total receipt is over \$600 during a calendar year.

Signatory (Applicant)

_____ date _____

Name of the Applicant _____
(Print, both English & Chinese Name)

Name of the Single Parent of Applicant _____
(Print, both English & Chinese Name)