



# The Valentine Braun Irrevocable Education Trust

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## APPLICATION AND/OR SCHOLARSHIP AWARD MODIFICATION REQUEST FORM

Please type or print clearly applicable information, sign and submit the enclosed modification form, any enclosures and mail them via the United States Postal Service postage prepaid or other courier service that provides tracking including but not limited to Federal Express, United Parcel Service, etc., to The Valentine Braun Scholarship's address within 10 calendar days of your determination to seek modification of your application and/or scholarship award.

Do not provide personal identifiable information electronically.

All information must be complete, legible and readable. Illegible information and print smaller than 8 point will not be considered.

**Only fill out the form(s) applicable to your circumstances.**

**For more information see ATTACHMENT 1: APPLICATION AND/OR SCHOLARSHIP AWARD MODIFICATION REQUEST INSTRUCTIONS.**

Applicant's legal first, middle and last names:

\_\_\_\_\_

Current Preferred **Mailing** Address: \_\_\_\_\_

Current Preferred **E-Mail** Address: \_\_\_\_\_

Current Preferred **Phone Number**: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Academic Advisor information: Name, Phone Number, qualified Academic Institution

\_\_\_\_\_

Description of Application and/or Scholarship Award Modification Request:

\_\_\_\_\_

\_\_\_\_\_

The Year(s) and Semester(s) this Modification Form applies to:

\_\_\_\_\_

## Part I REQUEST TO DECREASE ACADEMIC CREDIT HOURS

Please put an "X" in front of all that apply.

Request to decrease my academic credit hours at the same academic institution listed in my application:

Total Hours Per Application	Decrease Hours by	Total Revised Hours	
_____	_____	_____	Traditional Undergraduate hours
_____	_____	_____	Online Undergraduate hours
_____	_____	_____	Traditional Graduate hours
_____	_____	_____	Online Graduate hours

**Proof of revised academic credit hours (such as a screen shot of enrolled hours) must accompany this Modification Form.**

## Part II REQUEST TO REALLOCATE ACADEMIC CREDIT HOURS

Please put an "X" in front of all that apply.

Request to reallocate my academic credit hours between the Fall Semester and the Spring Semester at the same academic institution listed in my application:

### Fall Semester

Total Hours Per Application	Reallocate Hours by	Total Revised Hours	
_____	_____	_____	Traditional Undergraduate hours
_____	_____	_____	Online Undergraduate hours
_____	_____	_____	Traditional Graduate hours
_____	_____	_____	Online Graduate hours

### Spring Semester

Total Hours Per Application	Reallocate Hours by	Total Revised Hours	
_____	_____	_____	Traditional Undergraduate hours
_____	_____	_____	Online Undergraduate hours
_____	_____	_____	Traditional Graduate hours
_____	_____	_____	Online Graduate hours

Proof of revised academic credit hours (such as a screen shot of enrolled hours) must accompany this Modification Form.

### Part III REQUEST TO CHANGE QUALIFIED ACADEMIC INSTITUTIONS

Please put an "X" in front of all that apply.

                     **Request to change my academic institution to another qualified academic institution:**

Name and address of Academic Institution listed on my application:

\_\_\_\_\_

Name and address of qualified Academic Institution I am changing to:

\_\_\_\_\_

**Request to change my tuition dollar amount:**

Tuition per  
Application

Revised  
Tuition

\$ \_\_\_\_\_

\$ \_\_\_\_\_ Traditional Undergraduate tuition per credit hour

\$ \_\_\_\_\_

\$ \_\_\_\_\_ Online Undergraduate tuition per credit hour

\$ \_\_\_\_\_

\$ \_\_\_\_\_ Traditional Graduate tuition per credit hour

\$ \_\_\_\_\_

\$ \_\_\_\_\_ Online Graduate tuition per credit hour

**Proof of new tuition must accompany this modification form as further described in the Instructions.**

**Proof of enrollment in the new qualified academic institution (such as a screen shot of enrolled hours or a letter from the academic institution) must accompany this Modification Form.**

**Proof of that you are no longer enrolled in the old academic institution (such as a letter from the academic institution) must accompany this Modification Form.**

## Part IV REQUEST TO REALLOCATE SCHOLARSHIP AWARD

Please put an "X" in front of all that apply.

\_\_\_\_\_ **Request to reallocate my scholarship award from the Fall Semester to the Spring Semester**

\_\_\_\_\_ **Dollar amount requested**

## Part V OTHER SCHOLARSHIP AWARD MODIFICATION REQUEST

Description of Application and/or Scholarship Award Modification Request:

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The Year(s) and Semester(s) this Modification Form applies to:

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\_\_\_\_\_ Dollar amount requested

## Part VI REQUEST TO WITHDRAW FROM THE VALENTINE BRAUN SCHOLARSHIP

Please put an "X" in front of all that apply.

\_\_\_\_\_ **Request to withdraw my application and enclosures.**

\_\_\_\_\_ **Request to withdraw my Award Acceptance Form.**

\_\_\_\_\_ Request to withdraw my application and enclosures or my Award Acceptance Form due to subsequent notification of a tuition only scholarship(s) from other source(s) that pays my tuition in full.

\_\_\_\_\_ Request to withdraw my application and enclosures or my Award Acceptance Form due to becoming disqualified or academically ineligible after commencement of the Fall and/or Spring Semesters but while full or partial tuition refunds are available.

\_\_\_\_\_ Request to withdraw my application and enclosures or my Award Acceptance Form for other reasons as follows: (Please explain.) \_\_\_\_\_

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All withdrawals will be deemed final when received and may not be revoked.  
I made this decision of my own free will and accord.

## Part VII CHANGE OF MAILING ADDRESS

Please put an "X" in front of all that apply.

\_\_\_\_\_ **Request to change my mailing address:**

Mailing address listed on my application:

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Mailing address I am changing to:

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## Part VIII REQUEST FOR MORE INFORMATION

Please put an "X" in front of all that apply.

\_\_\_\_\_ **TVBIET Scholarship Committee request for more information:**

Response to request:

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I certify that the information enclosed is complete and correct to the best of my knowledge and that I have read and understood the instructions that are provided with this modification form. I further understand that if any part of the modification form or any enclosures are found to be inaccurate, incomplete or falsified, I may be denied this scholarship award and/or application modification request. I understand that the information enclosed with my modification form will be used to recalculate my initially granted scholarship award, if any.

If, after submitting my application, I determine that my circumstances have changed, I will complete, sign and mail this modification form within 10 calendar days of my determination so that my scholarship award, if any, will be recalculated. Circumstances that require this modification form include, but are not limited to the following:

- I decrease the number of my academic credit hours.
- I reallocate my academic credit hours from one semester to another for the Fall and Spring Semesters.
- I change my academic institution(s) to another qualified academic institution(s).
- I no longer attend an academic institution that meets the scholarship criteria.
- I withdraw my Scholarship Application for consideration.
- I withdraw my Scholarship Award Acceptance Form for consideration
- I am subsequently notified of a full or partial tuition only scholarship(s) from other source(s).
- I become disqualified or academically ineligible before or after commencement of the Fall and/or Spring Semesters but while full or partial tuition refunds are available.
- I change my mailing address.
- Other changes affecting my scholarship award, if any.
- Other material changes to my application.

I understand that failure to submit an “Application and/or Scholarship Award Modification Request Form”, when applicable, may result in undesired allocations, a delay in the disbursement of my scholarship award, if any, result in legal action for recovery of any unpaid reimbursement due from me and/or disqualification from present or future scholarship awards.

**I agree to comply with the Scholarship Award Refund process.** If I receive this scholarship award and do not use it to pay for my tuition for the Fall and/or Spring Semesters indicated in my application or modification form, I will repay any unused scholarship award that was **PAID DIRECTLY TO ME or REFUNDED DIRECTLY TO ME**, either in whole or in part, within 10 calendar days of such receipt by issuing and mailing a check payable to The Valentine Braun Irrevocable Education Trust. I understand that any failure to return the money from the unused whole or partial scholarship award, may disqualify me from future scholarship awards and/or result in legal action for recovery of any unpaid amount.

I further consent to the release of any disbursement and/or personal contact information to facilitate the direct payment of these scholarship awards, if any, to my academic institution(s) in which a scholarship award is sought.

I understand that my withdrawal, if any, will be deemed final when received by The Valentine Braun Scholarship and may not be revoked by me. I made this decision of my own free will and accord.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of the Applicant