



## Martin Miracles Scholarship Service Agreement

All scholarship amounts are awarded to the Martin Miracles Scholarship recipient based on the qualifications listed in the application and based on, among other things, availability of funds. Martin Miracles, Inc. is not responsible for payment of any service provided to applicant prior to the date of the Scholarship Letter informing parent/guardian(s) of the scholarship being granted. Martin Miracles, Inc. is not responsible for any amount the provider (tutoring center) charges the client (child). As stated, Martin Miracles, Inc. grants scholarship awards up to a maximum of \$2,000.00. If tutoring does not begin within 30 days of the dated scholarship notification letter, then the scholarship will be forfeited and granted to another applicant.

Reimbursement will only occur once services are rendered and after parent/guardian submits receipt(s)/invoice(s) for tutoring for reimbursement either by email or U.S. Mail. Receipt(s)/invoice(s) need to be submitted or postmarked within 15 business days of receipt(s)/invoice(s) date. In the ordinary course, a reimbursement check will be issued within 7-10 business days following the receipt of receipt(s)/invoice(s) issued by the tutor/or tutorial center.

By signing below, the parent/guardian of \_\_\_\_\_ expressly acknowledges that Martin Miracles, Inc. does not personally support or endorse any provider delivering the service to the parent/guardian's child, and is not responsible for the tutor's professional services or activities performed with the tutor's client.

I understand, agree, and accept responsibility to all the terms and conditions outlined above.

Print Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide the following information on who and where the reimbursement check should be sent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email or mail completed Martin Miracles Scholarship Service Agreement to:  
apply@martinmiracles.org

or

Martin Miracle, Inc. - P.O. Box 4328 - Cave Creek, AZ 85327

For Office use only:

Date received \_\_\_\_\_  
Signature of receipt \_\_\_\_\_  
Amount Awarded \_\_\_\_\_