

Barry University

**North Dade Medical Foundation  
Scholarship Agreement**

I understand that as a condition of my Barry University scholarship founded through the generosity of the North Dade Medical Foundation, I hereby pledge to make a best effort to work in Miami-Dade County, using the skills for which this scholarship was awarded, for a period of not less than one year after graduation from Barry University.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Academic Program Major

Scholarship Agreement must be emailed to [CHS@barry.edu](mailto:CHS@barry.edu).