

XYZ Scientific Applications Inc.

Educational Grant Program Agreement



Grant Summary:

This grant is designed to give students and faculty at educational institutions access to TrueGrid® for research and educational purposes at a significantly reduced cost. The grant provides a discount of \$5,000 off a one-year license of the TrueGrid software, normally priced at \$5,500, resulting in the final cost to the institution of \$500.

Institutional Requirements:

The institution receiving this grant must be an accredited educational institution. Along with the grant recipient, the chair of the department must co-sign and agree upon the terms of this grant agreement. XYZ Scientific Applications is granted permission to list your institution and department as a grant recipient on its website and/or marketing materials.

Use Restrictions:

The use of the TrueGrid license under this grant is limited to educational and research activities only. At no time can this TrueGrid license be used for a commercial activity.

Citation Requirement:

If this TrueGrid license is used to aid a study, research, thesis or other activity resulting in a publication, the institution agrees to give credit to TrueGrid in the publication.

Limited Support Access:

This grant does not include technical support or user support for students or faculty. Support will be provided to install and register the license. User manuals and training manuals are available online for download and should be used as the primary training and support tools.

Classroom Grant:

If you receive this educational grant, your department and all of its faculty are eligible to receive a classroom grant. The classroom grant is designed to give instructors a free multi-user network license for the period of time sufficient for a student assignment to be completed utilizing TrueGrid.

By signing below, I agree that if my institution is awarded this grant that I will abide by the restrictions of this agreement.

Grant Applicant (Print name)

Dept. Chair (Print name)

Grant Applicant (signature)

Date

Dept. Chair (signature)

Date



GRANT APPLACTION

EDUICATIONAL INSTUTITION

Name & Address: _____

Department Name: _____

Name of Dept Head: _____

Phone #: _____

e-mail address: _____

GRANT APPLICANT

Name & Address: _____

Phone #: _____

e-mail address: _____

Please provide a brief description of how you will use TrueGrid and your area of study:
