

SCHOLARSHIP FOLLOW-UP FORM

A CURRENT COLLEGE GRADE TRANSCRIPT MUST ACCOMPANY THIS FORM BEFORE A SCHOLARSHIP CHECK CAN BE SECURED.

Name of scholarship recipient _____

Mailing Address _____

Current Email _____ Cell Phone number _____

Name of scholarship _____

Year of High School graduation _____

Name of college or university you are presently enrolled and attending:

Are you a part-time or full-time student? _____

Number of credits **PASSED** last semester/term _____

Number of credits enrolled for next semester/term _____

Grade Point Average (GPA) for the semester/term _____

Cumulative Grade Point Average (GPA) _____

Field of study/major _____

Are you participating in a College Co-op Program? _____

Are you presently classified as a Freshman, Sophomore, Junior or Senior?
(please circle one of the above)

By signing this form, you are acknowledging that the scholarship payment will be used for educational purposes. If not, you will be asked to reimburse payment received.

RECIPIENT SIGNATURE: _____