**Scholarship Verification Form**

In order for the Community Foundation for the Fox Valley Region, Inc. to process your scholarship award, the following information and documentation must be submitted. Please mail, email or fax at your earliest convenience, using the contact information listed below. Upon receipt and verification of your materials, your scholarship check will be made payable to and mailed to the school you will be attending. ***You will be notified via email as to the date the check will be mailed.***

**If for any reason you choose not to collect all or a part of your scholarship award, please contact us at** scholarships@cffoxvalley.org.

Online form can be found at [www.cffoxvalley.org/scholarships](http://www.cffoxvalley.org/scholarships) using the link for Recipient FAQs.

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**Return this completed form with required attachments (checked below).**

|  |  |
| --- | --- |
| Name |  |
| Address |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City |  | State |  | Zip |  |

 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(You will be notified by email when your award has been processed)**

|  |  |
| --- | --- |
| Name of Scholarship |  |

|  |  |
| --- | --- |
| School Attending |  |

 Payment Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Fund Code |  |
| SA# |  |
| Grant # |  |
| Total Award | $ |
| # of pymts |  |
| Current pymt | $ |
| Annual |  |
| 1st sem |  |
| 2nd sem |  |
| SPOL |  |
| GE Date |  |
| Letter |  |
| Conf. |  |
| SS |  |

 Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| X | Verification of enrollment (class schedule with credits listed)  |
|  | Previous semester grade transcript |
|  | Previous year grade transcript |
|  | Proof of major |
|  | Tuition invoice  |

Required attachments: ***Please attach all items that are checked*** ***below. Your name MUST appear on ALL documentation.***

 **For Office Use Only**

 Comments/changes of which the Community Foundation should be made aware:
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If this is a scholarship renewal verification, please include an update for donors, fund contacts,

and/or committee members of this scholarship fund letting them know how you are progressing

 towards reaching your career goals.

 Mail, fax or email to: Jill Muthig
 Community Foundation for the Fox Valley Region, Inc.

 4455 W. Lawrence St., Appleton, WI 54914
 920-702-7619 Fax: 920-830-1293 scholarships@cffoxvalley.org