



4455 W. Lawrence St.  
 Appleton, WI 54914  
 P 920.830.1290  
 E info@cffoxvalley.org  
 cffoxvalley.org

### 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. **Complete the application as a 'save as' through Adobe Acrobat or Adobe Reader – do NOT use Apple's Preview.** 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 when your award has been processed and as to the date the check will be mailed.**

If your scholarship award is to be paid first semester, your verification materials are due by **Sept 1**. If your scholarship award is to be paid second semester, your verification materials are due by **Feb 1**. Scholarship payments will **NOT** be held for you past the due date if you do not notify us in advance that you are unable to meet the deadline. Other students may benefit from these awards.

**Please be aware, it may take up to 3 weeks to process your award prior to mailing to your school.**

**If for any reason you choose not to collect all or a part of your scholarship award, please contact us at [scholarships@cffoxvalley.org](mailto: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). (Complete as a 'save as' through Adobe Acrobat or Adobe Reader – do NOT use Apple's Preview.)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name of Scholarship \_\_\_\_\_

School Attending \_\_\_\_\_

School Payment \_\_\_\_\_

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

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

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

- Verification of enrollment (class list with credits)
- Previous semester grade transcript
- Previous year grade transcript
- Proof of major
- Tuition invoice

**FOR OFFICE USE ONLY**

Fund Code		
SA #		
Grant #		
Total Award		
# of pmts		
Current pmt		
Annual	One time	
1 <sup>st</sup> sem.	2 <sup>nd</sup> sem.	
SPOL		
Spectrum		

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: lida Berg  
 Community Foundation for the Fox Valley Region, Inc.  
 4455 W. Lawrence St., Appleton, WI 54914  
 920.702.7629 Fax: 920.830.1293 [scholarships@cffoxvalley.org](mailto:scholarships@cffoxvalley.org)