



COMMUNITY FOUNDATION  
NORTH CENTRAL  
MASSACHUSETTS

## Community Foundation of North Central Massachusetts

### SCHOLARSHIP AWARD REQUEST FORM

**NOTE:** Before a scholarship check is issued from a fund at the Community Foundation of North Central Massachusetts, this form must be completed, signed and submitted by the organization or group administering the scholarship. The Community Foundation will verify that the scholarship is awarded as stipulated in the Fund's founding document. This form may be mailed, e-mailed or hand-delivered. Thank you.

#### Information on Scholarship Application Process

Name of Scholarship Fund: \_\_\_\_\_

Number of applicants for this year's scholarship award: \_\_\_\_\_

List of Selection Committee members that decided this year's scholarship recipient(s):

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Date the Selection Committee met to decide on this year's recipient(s): \_\_\_\_\_

**Scholarship checks will be mailed directly to the college/university. For awards night we recommend presenting students with an award letter notifying that the check will be sent to the school address provided.**

**Reminder:** Award and rejection letters are the responsibility of the scholarship committee.

#### Signature – Required for Processing

I, \_\_\_\_\_, hereby request that the Community Foundation issue scholarship check(s) from the abovementioned Fund for the recipient(s) listed above. I attest that the information provided above is true and accurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

## Information on Scholarship Recipient(s)

### Scholarship Recipient

Name \_\_\_\_\_ Student ID\* \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of Award: \$ \_\_\_\_\_ **Checks will be made payable to schools.**

Name and Address of School Recipient is to Attend\*: \_\_\_\_\_  
School Name \_\_\_\_\_

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

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Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of Award: \$ \_\_\_\_\_ **Checks will be made payable to schools.**

Name and Address of School Recipient is to Attend\*: \_\_\_\_\_  
School Name \_\_\_\_\_

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

\*Please provide college/university student ID

\*Do not fill out school address if you are providing Workforce/Award funds.