

# Community Foundation Partnership, Inc.

Serving Lawrence County and Martin County Community Foundations  
PO BOX 1235, BEDFORD, IN 47421 812-279-2215

This scholarship should be applied to reduce the family financial contribution and not the financial aid package.

Full name of Recipient \_\_\_\_\_

Your Individual University ID # \_\_\_\_\_

Home Address \_\_\_\_\_

Primary Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

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## INFORMATION NEEDED FOR SCHOLARSHIP PAYMENTS:

Name of Academic Institution \_\_\_\_\_

Name, address, phone number of appropriate financial aid office, or bursar's office.

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

Phone ( ) \_\_\_\_\_ Date Tuition is Due \_\_\_\_\_

*Please check one:*

I Accept Scholarship

I Decline Scholarship

I understand that by accepting this scholarship, the award will be mailed to the academic institution listed above. I also give permission for the Community Foundation to publish my name/picture on the Community Foundation website, FB or newsletters to publicize this award.

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date

**A Tuition Statement from College/University**  
**must be included with this form.**

**Send by July 10<sup>th</sup> to:**

**Community Foundation Partnership**  
**Attn: Program Coordinator**  
**P.O. Box 1235**  
**Bedford, Indiana 47421**

**For office use only.**

**Full PO \_\_\_\_\_ Partial PO \_\_\_\_\_**

**NPSC \_\_\_\_\_ MCCN \_\_\_\_\_**