

**Community Foundation Partnership, Inc.**  
Serving Lawrence County and Martin County Community Foundations

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 check 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, Foundation Facebook, submit it to the media and/or publish in the annual report to publicize this award.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Return form with proof of enrollment.**

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

**For office use only.**

**Full PO \_\_\_\_\_ Partial PO \_\_\_\_\_**  
**NPSC \_\_\_\_\_ MCCN \_\_\_\_\_**