

SELECTION COMMITTEE SCHOLARSHIP REPORT 2009 - 2010

Name of Scholarship: _____

Amount Awarded: \$ _____ This individual has been/will be informed of this award on (date) _____

Scholarship awarded to: (Miss, Mr. Mrs.) _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

Social Security: _____ - _____ - _____
(required)

High School: (if applicable) _____

College: (Attending/Will Attend) _____

Street Address: _____

City, State, Zip: _____

(complete address required)

Committee Meeting Date: _____

Number of Applications Received: _____

Committee Members Present
(Print Name)

Signature verifying committee procedures

I certify that the Committee has followed the criteria and procedures governing this award.

Signed: _____ (Chair) Date: _____

Print Name: _____ Title: _____

Return to: Stark Community Foundation
400 Market Avenue North
Suite 200
Canton, Ohio 44702

PLEASE MAKE A COPY OF THIS FORM FOR EACH SCHOLARSHIP AWARD

_____ **A COPY OF THE RECIPIENT'S APPLICATION/NOMINATION FORM INCLUDED/ATTACHED**

_____ **APPLICATION/NOMINATION FORM KEPT ON FILE WITH THE SELECTION COMMITTEE**