

Student Scholarship Acceptance Form

Scholarship checks *will not* be mailed to the college until the following information is sent to the Community Foundation. Scholarship payments **CANNOT** be made payable to scholarship awardees. It is your responsibility to provide complete and accurate information.

Name:
Last Four Digits of SS#: or College Student ID#:
Name of School, College or University:
Address of Financial Aid Office:
Financial Aid/Scholarship Director's Name: (Please do not put your scholarship counselor's name here. We must have the Director of Financial Aid/Scholarship's name at the college/university/technical school.)
Phone Number of Financial Aid/Scholarship Director at the college/university/technical:
1. Enclose a copy of your official acceptance letter or other proof of enrollment.
2. Ensure that every blank has been filled.
3. Return form by November 30, 2019! *(Late submission may delay school payments)*
Student Agreement
I,
Date: Student Name (please print):
Student (if at least 18 years old) or Parent/Guardian Signature:

Mail or Deliver to: Community Foundation of Sarasota County 2635 Fruitville Road Sarasota, FL 34237

EMAIL TO SCHOLARSHIPS@CFSARASOTA.ORG

Office Use Only: Scholarship Fund:Amount:
