

Student Information Report for Scholarships

Recipient Name _____ Social Security Number _____

Address _____ City, State Zip _____

Home Phone _____ Cell Phone _____

Birth date _____ Email _____

Parents' Names (if applicable) _____

Address _____ City, State Zip _____

Telephone _____ Email _____

Scholarship _____ Major _____
(If this is a change please note semester of change)

College _____ School address _____
(If this is a change please note semester of change)

**** The following information is required for current college students only.**

Current year in school _____ GPA _____ Status (Full-time, Part-time) _____
(On 4.0 scale) (List # credit hours)

Awards/Honors _____

Additional Comments or unusual circumstances _____

*I understand that I must submit this Student Information form each year by **June 1**, and a copy of my transcripts each semester after they become available. Lilly Scholars are also required to submit a book expense report and receipts at the end of each year. I will notify the Foundation office promptly if any of the above information changes between reports.*

Scholarship Recipient's Signature Date

Scott County Community Foundation
Attn: Jaime Toppe
P. O. Box 25
Scottsburg, IN 47170
(812) 752-2057 E-mail- info@scottcountyfoundation.org
Fax- 752-9257 Website: www.scottcountyfoundation.org