



**Scholarship
Recommendation**

3700 Sixth Street, Suite 200
Riverside, CA 92501
v 951.241.7777 f 951.684.1911

COMPETITIVE SCHOLARSHIP RECOMMENDATION

Name of Fund: _____

Donor Advisor/Agency: _____

As members of a scholarship advisory committee to The Community Foundation, we suggest the following scholarships(s) from the above-named fund. Each advisory committee member certifies that this recommendation does not represent the payment of any pledge or other financial obligation of the advisory committee member and such advisory committee member will not receive, nor will any family member of such advisory committee member receive, nor will any entity in which such advisory committee member or any such family member owns an interest of 35% or more receive, any benefit of any nature, directly or indirectly, from the charitable distribution(s) or from any recommended recipient. Each advisory committee member further certifies, to his/her best knowledge, that no substantial donor to the fund, nor any family member of such donor, nor any entity in which such a donor or such a family member owns a 35% or greater interest, will receive any benefit of any nature, directly or indirectly, from the charitable distribution(s) or recommended recipient(s). Further, the advisory committee understands that the final judgment on recipients and awards rests with the Board of Directors of the Foundation.

Student Name	Award Amount

Students must submit the “Scholarship Recipient Information Sheet” along with a receipt as proof of registration. Scholarship checks will only be released when information is submitted to Executive Vice President of Programs.

Signature

Date

Please send cover page(s) to Celia Cudiamat, Executive Vice President of Grant and Programs at the above address or fax to 951-684-1911.

 <p>The Community Foundation <i>Strengthening Inland Southern California through Philanthropy</i></p>	<p>Scholarship Recipient Information Form</p>	<p>3700 Sixth Street, Suite 200 Riverside, CA 92501 v 951.241.7777 f 951.684.1911</p>
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Name of Scholarship: _____

Name of Recipient: _____

Student ID: _____ - or - _____
(Student ID) Last 4 digits of Soc.Sec.#

Permanent Address: _____

Daytime Phone #: _____ Cell or Alt Phone #: _____

Contact Person: _____ Phone #: _____
(Family Member or Guardian)

College or University: _____

Address: _____
(Student Services/Financial Aid or other department)

Street Address: _____

City, State, Zip _____

Contact at Financial Aid: _____

Contact Phone Number: _____

Special Instructions: _____

Please send recipient information page(s) to Celia Cudiamat, Executive Vice President of Grant and Programs at the above address or fax to 951-684-1911. Recipient must include receipt as proof of registration.