

 <p><b>The Community Foundation</b>  <i>Strengthening Inland Southern California through Philanthropy</i></p>	<p><b>Scholarship  Recipient  Information Sheet</b></p>	<p>3700 Sixth Street, Suite 200  Riverside, CA 92501</p> <p>v 951.241.7777    f 951.684.1911</p>
--	---	--

Name of Scholarship: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Student ID: \_\_\_\_\_ - or - \_\_\_\_\_  
(College/Univ 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 Programs at the above address or fax to 951-684-1911. Recipient must include receipt as proof of registration.