



SCHOLARSHIP RENEWAL VALIDATION FORM

The information requested herein must be returned to The Columbus Foundation by the registrar **each year prior to the fall term** before the scholarship will be renewed for another year. *It will be the responsibility of the student to present this form to the university registrar prior to the beginning of each school year.* The university registrar should return the form by:

The form may be mailed to: Alicia Szempruch
Scholarship Manager
The Columbus Foundation
1234 East Broad Street
Columbus, OH 43205

Faxed to: 614/251-4010

Or e-mailed to: scholarshipmanager@columbusfoundation.org

I hereby testify that _____ (ID: _____)
Student Name Student ID

has earned a cumulative GPA of _____ as of the end of the 20__ - 20__ academic year
based on a 4.0 scale. And has registered for the _____
Fall, Winter, or Spring

term 20__ at _____
Name of University

and is considered a () full-time () part-time student.

Registrar's Signature University EIN/Taxpayer ID #

College/University office and address to which scholarship payment should be sent:

PLEASE STAMP THE UNIVERSITY SEAL HERE

