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