

SCHOLARSHIP RENEWAL FORM



Name: _____

Student ID Number: _____

Permanent Home Address: _____
Street/P.O. Box City, State, ZIP

Email Address: _____ Phone Number: _____

Enrollment Plan

Name of College:	
College's Mailing Address for Third Party/Outside Scholarship Payments: <small>Call the Financial Aid, Student Accounts, or Bursar's Office at your school to get this information.</small>	
Next year I will be attending:	<input type="checkbox"/> Entire year <input type="checkbox"/> Fall Semester ONLY <input type="checkbox"/> Spring Semester ONLY
Registration Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Housing Status:	<input type="checkbox"/> On-campus housing <input type="checkbox"/> Off-campus housing <input type="checkbox"/> Home with parents/spouse
Do you plan to study abroad next year?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Fall Semester <input type="checkbox"/> Yes, Spring Semester <small>Contact the Foundation as soon as possible to determine if your scholarship can be used for your intended study abroad program.</small>
Major/Concentration:	Anticipated Graduation Date from Current Degree Program: (mm/yy)

Anticipated Resources for the Upcoming Academic Year:

List ALL other private and institutional scholarships, grants, loans, and work-study amounts. Include Pell, VGAP, VTAG, etc. Attach an additional sheet if necessary.

(Please indicate whether scholarships are renewable.)

	\$ _____	Renewable
_____	\$ _____	[]
_____	\$ _____	[]
_____	\$ _____	[]
_____	\$ _____	[]
_____	\$ _____	[]
_____	\$ _____	[]

I have read the Scholarship Rules and Regulations and accept the terms governing the award of my scholarship from the Hampton Roads Community Foundation. I certify that the information provided above is correct to the best of my knowledge. I authorize the above named college/university to provide a representative of the Hampton Roads Community Foundation with my enrollment status or financial information needed for the administration of my scholarship. I authorize the Hampton Roads Community Foundation to release information regarding my scholarship to my school and in any publicity.

Signature: _____

Date: _____

Your scholarship will not be awarded without this information. Be sure to highlight any changes of address, college or graduation date. Do not forget to have a transcript sent to the Foundation. Renewal form and transcript must be received by the appropriate deadline.