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SCHOLARSHIP NOMINATION FORM

*Please complete this form, sign, and return to Community Foundation office.
Please attach a copy of the nominee's application (if applicable). Thank you.*

NAME OF SCHOLARSHIP: _____

YEAR OF AWARD: 2017

SCHOLARSHIP AWARD AMOUNT: _____ per year MULTI-YEAR AWARD: Yes No

NUMBER OF DISBURSEMENTS: No requirements _____ One _____ Two _____

Other, describe _____

SPECIAL DISBURSEMENT CONDITIONS: No conditions _____ GPA _____ Transcripts _____

Other, describe _____

SCHOLARSHIP CERTIFICATE REQUESTED: Yes _____ No _____

Please check one: Nominee First Alternate Second Alternate Third Alternate

Name of Scholarship Nominee

Nominee's Street Address City State Zip

Telephone Email High School

By signing below, I affirm that this award was made per the established scholarship criteria, and that the nominee is not related to any member of the scholarship selection committee members listed below, nor to the Board of Directors, Scholarship Committee, or staff of The Putnam County Community Foundation to the best of my knowledge.

Signature of Scholarship Chair Date

Email

Printed Name of Scholarship Chair

Telephone

Committee Member Name

Committee Member Name

Committee Member Name

Committee Member Name

Committee Member Name

Committee Member Name