



THE PUTNAM COUNTY COMMUNITY FOUNDATION

2 South Jackson Street  
Greencastle, IN 46135

Phone 765.653.4978  
Fax 765.653.6385  
www.pcfoundation.org

**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: 2018

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