



THE COMMUNITY FOUNDATION

RENEWAL FORM

Name of Scholarship: Gertrude and Donald Armstrong Award

Student Name _____ Student ID# _____

Home Address _____ Email _____

The above student

_____ has remained a student in good standing for the 20____ - 20____ year

_____ has not remained a student in good standing for the 20____ - 20____ year

AND

_____ is enrolled full-time for the upcoming 20____ - 20____ year at this college

_____ is not enrolled full-time for the upcoming 20____ - 20____ year at this college

College Name _____

Although this form and the college official's signature is not required, it is helpful to complete and submit this form as part of the renewal process.

Upload this completed form to the Scholarship Acceptance and Renewal Form along with the other requested and required information.

Should you have any questions, please email scholarships@racf.org.