



# THE COMMUNITY FOUNDATION

## RENEWAL FORM

Name of Scholarship: Clifford B. Bushnell Scholarship

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

*To be completed by school:*

The above student

\_\_\_\_\_ has maintained at least a B average (3.0/4.0 GPA) for the 20\_\_ - 20\_\_ school year

\_\_\_\_\_ has not maintained at least a B average (3.0/4.0 GPA) for the 20\_\_ - 20\_\_ school year

AND

\_\_\_\_\_ is enrolled for the coming year at this college

\_\_\_\_\_ is not enrolled for the coming year at this college

AND

\_\_\_\_\_ has continued financial need

\_\_\_\_\_ does not have continued financial need

College Name \_\_\_\_\_

\_\_\_\_\_  
College Official's Signature/Title

\_\_\_\_\_  
Date

**Not valid without official seal/stamp**

Upload this completed form to the Scholarship Documentation Collection Portal along with an update to share with donors.

Be sure to include a brief summary of your progress in college along with your work and/or service on campus or in the community.