



THE COMMUNITY FOUNDATION
RENEWAL FORM

Name of Scholarship: Abraham D. Chatman Scholarship

Student Name _____ Student ID# _____

Home Address _____ Email _____

The above student

_____ has maintained a minimum 2.0 cumulative GPA for the most recent 20____ - 20____ year

OR

_____ has not maintained a minimum 2.0 cumulative GPA for the most recent 20____ - 20____ year

AND

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

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

College _____

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.