



THE COMMUNITY FOUNDATION

Peter A. Ciaccia, Jr. Memorial Scholarship

RENEWAL FORM

Student Name _____ Student ID# _____

Home Address _____ Email _____

The above student

_____ is in good standing with the school (no probations)

OR

_____ is **not** in good standing with the school (no probations)

AND

_____ has maintained a minimum 3.0 cumulative GPA (out of 4.0) for the most recent 20____ - 20 ____ year

OR

_____ has **not** maintained a minimum 3.0 cumulative GPA (out of 4.0) for the most recent 20____ - 20 ____ year

AND

_____ is enrolled in a full-time four-year program for the coming 20____ - 20 ____ year at this college

OR

_____ is **not** enrolled in a full-time four-year program 20____ - 20 ____ year at this college

Major: _____
(Must be in business, finance, or accounting to remain eligible)

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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.