



THE COMMUNITY FOUNDATION

RENEWAL FORM

Name of Scholarship: Randy Freeland Memorial Scholarship

Student Name _____ Student ID# _____

Home Address _____ Email _____

To be completed by school:

The above student

___ has maintained at least a "C" cumulative average for the most recent _____ semester

___ has not maintained at least a "C" cumulative average for the most recent _____ semester

AND

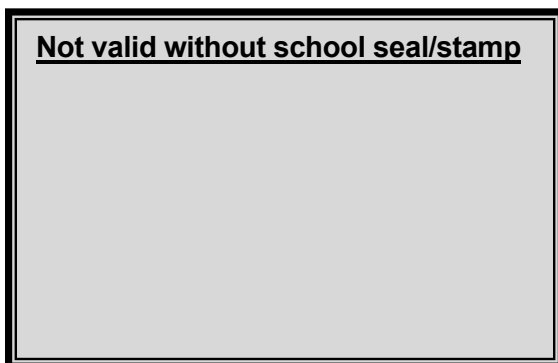
___ is enrolled for the coming _____ semester at this college

___ is not enrolled for the coming _____ semester at this college

College Official's Signature _____

College /Title

Date



Upload this renewal 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 the campus or in the community.