



THE COMMUNITY FOUNDATION

RENEWAL FORM

Name of Scholarship: Randy Freeland Memorial Scholarship

Student Name _____ Student ID# _____

Home Address _____ Email _____

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 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.