



# THE COMMUNITY FOUNDATION

## RENEWAL FORM

### Kathleen McElligot Hall Memorial Scholarship

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

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

The above student

\_\_\_\_\_ has remained a student in good standing for the most recent 20\_\_\_\_ - 20\_\_\_\_ school year

\_\_\_\_\_ has not remained a student in good standing for the most recent 20\_\_\_\_ - 20\_\_\_\_ school year

AND

\_\_\_\_\_ is enrolled for the upcoming 20\_\_\_\_ - 20\_\_\_\_ school year

\_\_\_\_\_ is not enrolled for the upcoming 20\_\_\_\_ - 20\_\_\_\_ school year

Major: \_\_\_\_\_

*(Students must continue to be enrolled in a nursing program 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](mailto:scholarships@racf.org).