



# THE COMMUNITY FOUNDATION

## RENEWAL FORM

for Louis P. and Berry A. Iacona Nursing Scholarship

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

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

The above student

\_\_\_\_\_ has maintained a minimum 2.5 GPA for the most recent 20\_\_\_\_ - 20 \_\_\_\_ school year

\_\_\_\_\_ has not maintained a minimum 2.5 GPA for the most recent 20\_\_\_\_ - 20 \_\_\_\_ school year

AND

\_\_\_\_\_ is enrolled for the upcoming 20\_\_\_\_ - 20 \_\_\_\_ at this school

\_\_\_\_\_ is not enrolled for the upcoming 20\_\_\_\_ - 20 \_\_\_\_ at this school

Major: \_\_\_\_\_  
(Must be in a nursing program to remain eligible)

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](mailto:scholarships@racf.org).