



THE COMMUNITY FOUNDATION

RENEWAL FORM

Name of Scholarship: Armenian Scholarship

Student Name _____ Student ID# _____

Home Address _____ Email _____

The above student

_____ 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 for the coming 20____ - 20 ____ year at this college

OR

_____ is not enrolled for the coming 20____ - 20 ____ year at this college

Major: _____ Degree Type: _____ Anticipated Graduation Date: _____
(Must be in medicine, science, and music to remain eligible)

Current Class Level: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Completed Credit Hrs toward program: _____

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.