

# SCHOLARSHIP RENEWAL FORM



Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street/P.O. Box City, State, ZIP

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Enrollment Plan

<b>Name of College:</b>	
<b>College's Mailing Address for Third Party/Outside Scholarship Payments:</b> <i>Call the Financial Aid, Student Accounts, or Bursar's Office at your school to get this information.</i>	
<b>Next year I will be attending:</b>	<input type="checkbox"/> Entire year <input type="checkbox"/> Fall Semester ONLY <input type="checkbox"/> Spring Semester ONLY
<b>Registration Status:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>Housing Status:</b>	<input type="checkbox"/> On-campus housing <input type="checkbox"/> Off-campus housing <input type="checkbox"/> Home with parents/spouse
<b>Do you plan to study abroad next year?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Fall Semester <input type="checkbox"/> Yes, Spring Semester <i>Contact the Foundation as soon as possible to determine if your scholarship can be used for your intended study abroad program.</i>
<b>Major/Concentration:</b>	<b>Anticipated Graduation Date from Current Degree Program:</b> (mm/yy)

**Anticipated Resources for the Upcoming Academic Year:**

List ALL other private and institutional scholarships, grants, loans, and work-study amounts. Include Pell, VGAP, VTAG, etc. Attach an additional sheet if necessary.

*(Please indicate whether scholarships are renewable.)*

	\$ _____	Renewable
_____	\$ _____	[ ]
_____	\$ _____	[ ]
_____	\$ _____	[ ]
_____	\$ _____	[ ]
_____	\$ _____	[ ]
_____	\$ _____	[ ]

*I have read the Scholarship Rules and Regulations and accept the terms governing the award of my scholarship from the Hampton Roads Community Foundation. I certify that the information provided above is correct to the best of my knowledge. I authorize the above named college/university to provide a representative of the Hampton Roads Community Foundation with my enrollment status or financial information needed for the administration of my scholarship. I authorize the Hampton Roads Community Foundation to release information regarding my scholarship to my school and in any publicity.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Your scholarship will not be awarded without this information. Be sure to highlight any changes of address, college or graduation date. Do not forget to have a transcript sent to the Foundation. Renewal form and transcript must be received by the appropriate deadline.**