

SCHOLARSHIP RENEWAL FORM



Name: _____ Student ID Number: _____

Address: _____
Street/P.O. Box City, State, ZIP

Same address Change of address

Email: _____ Phone Number: _____

Enrollment Plan

Same school as last year Changing schools

Name of College or School: _____

School's Mailing Address for Third Party/Outside Scholarship Payments:
Call the Financial Aid, Student Accounts, or Bursar's Office at your school to get this information.

Next year I will be attending:
If not attending the entire year indicate reason for semester off.

Entire year Fall ONLY Spring ONLY
 Graduating early Medical leave Co-op/internship Military service
 Other. Please indicate: _____

Registration Status: Full-time (required for most scholarships) Part-time

Housing Status: On-campus Off-campus rental Home with parents/spouse

Do you plan to study abroad next year? No Yes, Fall Semester Yes, Spring Semester
If yes, submit the Study Abroad Request form available at www.hamptonroadscf.org.

Major/Concentration: _____	Anticipated Graduation Date: (mm/yy) _____
-----------------------------------	---

Anticipated Resources for the Upcoming Academic Year:

List ALL other private scholarships and institutional scholarships, grants, loans and work-study (e.g., Pell, VGAP, VTAG). Attach an additional sheet if necessary. **You must file the FAFSA every year to renew need-based scholarships. Attach your Student Aid Report (SAR) from the FAFSA for the upcoming academic year.**

(Please indicate whether scholarships are renewable.)

	Renewable	
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>

I have read the Scholarship Rules and Regulations and accept the terms governing 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 school 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. Do not forget to have a transcript sent to the Foundation. Renewal form, SAR and transcript must be received by the deadline noted in your renewal notice. Questions? Email scholarships@hamptonroadscf.org or call (757) 622-7951.