



COMMUNITY SCHOLARSHIP PROGRAM RENEWAL FORM - SPRING

Please complete this renewal form at the completion of your spring semester, but no later than May 15.
This renewal form serves as the formal request for the renewal of scholarship funds.

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Year Scholarship was first awarded: _____

School currently attending and address – please note that the scholarship check will be sent directly to the school.
Please give a detailed address and contact information to your school’s registrar and/or bursar’s office along with any additional information that will help the Foundation staff ensure scholarship funds are credited to your account properly.

Student ID number: _____

Please share the name and amounts of any other scholarships and/or financial aid that you are receiving.

Share with us your plans for this summer: _____

Student Signature: _____

Please attach a copy of your most recent transcript and a copy of your class schedule or bill for the fall semester to contact@hope-2-others.com.

Please allow at least 2 weeks from the time our office receives this form for your check to be processed and received by the school. Applicants will be notified if we have additional questions or if the renewal is not approved.