YVCF SCHOLARSHIP GRANT RECOMMENDATION FORM

Please return to: Yampa Valley Community Foundation, P.O. Box 881869,
Steamboat Springs, CO 80488-1869

*Name of Fund:*_____

Recipient Information *

College or School Name _____

Address_____

Student Name: _____Phone Number_____

Scholarship Amount $_____

Application of Scholarship (select one):

____ Apply entire scholarship to current academic period _____.

____ Split scholarship between academic periods for the school year.

*A full copy of student application for this scholarship must be attached for permanent retention. All other applications for this scholarship are required to be given to The Community Foundation for retention for 3 years as required by federal law.

Committee Information: We, the undersigned, recommend the above scholarship. We verify that the above recipient is not related to any of the members of the selection committee. In addition, we verify that we have used a objective and nondiscriminatory basis for making the recommendation for this scholarship. We understand this recommendation is subject to the approval of The Community Foundation and that all distributions must be consistent with the purpose of the Fund and comply with IRS regulations. We understand the recommended recipient, if approved, must complete the YVCF Scholarship Agreement prior to distribution of the scholarship funds to the college or school.

Committee Members: Date: _____

Name: _____Signature:_____

Name: _____Signature:_____

Name: _____Signature:_____

Name: _____Signature:_____

Name: _____Signature:_____

Name: _____Signature:_____