



THE PUTNAM COUNTY COMMUNITY FOUNDATION

2 South Jackson Street P.O. Box 514 Greencastle, IN 46135
Phone 765.653.4978 Fax 765.653.6385 www.pcfoundation.org

ALTERNATE SCHOLARSHIP NOMINEE AWARD FORM

*Please complete this form, sign, and return to Community Foundation office.
Please attach a list a copy of the nominee's application (if applicable). Thank you.*

NAME OF SCHOLARSHIP: _____

YEAR OF AWARD: _____

TOTAL SCHOLARSHIP AWARD AMOUNT: \$ _____

NUMBER OF DISBURSEMENTS: No requirements _____ One _____ Two _____

Other, describe _____

SPECIAL DISBURSEMENT CONDITIONS: No conditions _____ GPA _____ Transcripts _____

Other, describe _____

SCHOLARSHIP CERTIFICATE REQUESTED: Yes _____ No _____

Name of Scholarship Nominee Social Security Number

Nominee's Street Address City State Zip

Telephone Email High school

I authorize payment of this scholarship to the nominee's chosen educational institution. I affirm that this award was made per the established scholarship fund criteria and that the nominee is not related to any member of the scholarship selection committee, board of directors, or staff of The Putnam County Community Foundation.

Signature of authorized scholarship fund agent Date Email

Print Name Telephone