



The Alaska Community Foundation

Processed Date:	
Eligibility Confirmed:	
Approved By:	
Program Officer:	
FUND ID:	
Profile ID:	
Grant Number:	
Paid Date:	

Scholarship Recommendation Form RENEWAL

Scholarship Fund Name:	
Amount of Award: (One award per form)	
Student Name:	
Student University ID:	
Name of College/University:	
Student email address:	
Student telephone number:	
Grant Number:	
Has this student changed schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was their previous educational institution? _____	
<input type="checkbox"/> I certify that the recipient meets the qualifications required to renew this scholarship	
ACF Staff Name:	
ACF Staff Signature:	Date:

The following attachment is required:

Scholarship Renewal Follow-Up Submitted by Student

STAFF USE ONLY

Per ACF Grantmaking Policy, ACF Board Chair or Vice Chair signature required for grants between \$25,001 and \$50,000, with ACF Board or Executive Committee approval required for grants over \$50,000.

Signature: _____ Signature: _____
 ACF CEO ACF Board Chair or Vice Chair

