



## Scholarship Renewal/Verification for 2019-20

- 1) Email this completed form along with your 2019-20 SAR (FAFSA-Student Aid Report) and any outstanding grade reports to: [TCFScholarships@clevefdn.org](mailto:TCFScholarships@clevefdn.org) by **April 1, 2019**.
- 2) Email your spring grades **as soon as available** to complete your renewal requirements.

**Click on the first box to begin entering your information. Tab through or click on each field to complete. Save your "completed" form with a new name. Return by email per the instructions above.**

<b>Name</b>				Date of Birth
	First	Middle Initial	Last	
Home Address	Street Address		City	State      Zip
Cell Phone	Email Address			
<b>IMPORTANT:</b> We will use email to communicate with you. Notify us if your email address changes.				
<b>Fall 2018 GPA:</b>	Term	Cumulative		

### School Attending Fall 2019

City, State of School

Student ID #

Field of Study

### 2019-20:

Level	Status	Check <u>ALL</u> Terms Attending	Co-Op/Internships	Expected Graduation Term
Freshman	Fulltime	Fall 2019	Fall 2019	Fall
Sophomore	Part-time	Spring 2020	Spring 2020	Spring
Junior		Summer 2020	Summer 2020	Summer
Senior				
Masters Student				Year (20xx)
Doctorate Student				

**Personal Statement:** Briefly describe your academic experience over the past year. Include any significant achievements or circumstances impacting your grades, credit hours, or academic standing.

(For Improve Consulting and Training Group: Bagby /Palmer Awardees, please include your community service for the past year)

- 1) I understand that I am responsible for submitting my grades at the end of each term as soon as they are available, and updating the Cleveland Foundation on any changes to the information provided above, via: [TCFScholarships@clevefdn.org](mailto:TCFScholarships@clevefdn.org)
- 2) I give consent to my educational institution to release information necessary to verify my reported grades, academic standing, financial need and any other information related to the terms of my scholarship.

Signature

Date

Your typed name will affirm the data provided on this form and indicate your understanding of the above statements.