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### SCHOLARSHIP REPORT FORM

Blue Mountain Community Foundation appreciates the opportunity to serve educational needs of students. As Trustees of several Scholarship Funds, the Foundation is responsible under the IRS code for final selections of scholarship recipients. By regulation, recipients must meet criteria established for the Fund and must not be relatives of the donor nor of members of the selection committee. Funds must be paid to recipients and/or institutions of learning.

Therefore, BMCF asks that selection committees fill out this form. This form must be received and recipients of scholarship grants approved by BMCF Trustees before funds will be paid. Thank you.

NAME OF SCHOLARSHIP FUND \_\_\_\_\_ Year: 2006/2007

The selection committee recommends to BMCF Trustees for final approval the following person(s) to receive scholarship grants. The student(s) named fulfill criteria established for this Fund and are not related to the donor nor to a member of the selection committee.

**All scholarships are paid directly to the college the student is attending.**

NAME (Mr./Ms.) \_\_\_\_\_  
AMOUNT AWARDED \_\_\_\_\_  
ADDRESS (street, city, zip) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
Social Security No: \_\_\_\_\_  
HIGH SCHOOL GRADUATED: \_\_\_\_\_  
COLLEGE ATTENDING \_\_\_\_\_  
YEAR IN COLLEGE \_\_\_\_\_  
ADDRESS (street, city, zip) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NAME (Mr./Ms.) \_\_\_\_\_  
AMOUNT AWARDED \_\_\_\_\_  
ADDRESS (street, city, zip) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Social Security No. \_\_\_\_\_  
HIGH SCHOOL GRADUATED: \_\_\_\_\_  
COLLEGE ATTENDING: \_\_\_\_\_  
YEAR IN COLLEGE: \_\_\_\_\_  
ADDRESS (street, city, zip)  
\_\_\_\_\_  
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SELECTION COMMITTEE: (Signatures, Printed Name, Address, Phone)  
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