



**RENEWAL
SCHOLARSHIP APPLICATION**

DEADLINE - MARCH 1

NAME OF SCHOLARSHIP: _____

BIOGRAPHICAL INFORMATION

Applicant's Full Name _____

Address _____ City _____ State _____ Zip Code _____

County of Residence _____ Email _____

Applicant's Home Phone _____ Cell Phone _____

High School Graduated From _____ Year _____

College Attending _____ College Level _____

Major _____ GPA _____

College Extra Curricular Activities _____

Career Objectives _____

All applicants must provide a copy of college transcript with application.

I hereby authorize Erie County Community Foundation to release my personal information to selection committee members for their review and determination. I authorize Erie County Community Foundation to release information and/or photos regarding my scholarship to my school, the media and in publications of the Community Foundation.

Signature _____

Date _____