DONOR SCHOLARSHIP SPECIFICATIONS REDLANDS COMMUNITY SCHOLARSHIP FOUNDATION

P.O. Box 1683, Redlands, CA 92373 (909) 307-9892 www.redlandsscholarships.org

This form must be returned no later than **November 1, 2016,** for your scholarship to be considered for the current year student applications.

2. Contact Person (s	s):				
1)Name:			E-mail:		
Address:		City:	_ 2	ST:	Zip:
Home#:	Work #		Fax	Cell#	. 1
(2)Treasurer:			E-mail:		
Address:		City:	_ D man	ST:	Zip:
Address:	Work #		Fax	Cell#	. r ·
Average	award amount is	\$800, the recomn	nended minimu	m award amou	ent is \$300
Please specify the sime of your recipie		er of scholarships	and dollar amo	unts. All funds o	are to be paid by th
me oj your recipie	m selection.j				
	@ \$ each to Citrus Valley High School (CVH)				
	<u> </u>	each to Grove Hig	h School (GHS)		
		each to Orangewoo	•		
		each to Redlands A		S)	
		each to Redlands e	•		
	_ @ \$	each to Redlands I	East Valley High	School (REV)	
	(a) \$	each to Redlands I	High School (RHS	5)	
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B. Please write a des		-	of qualification	s for your schola	urship:
Selection of	scription below or	attach a statement		•	•
l. <u>Selection of</u> Donor/Organ	scription below or	attach a statement s to be made by: ative:	RCSF Schol	arship Committe	ee
Selection of Donor/Organ High School	the recipient(s) is	attach a statement s to be made by: ative:	RCSF Schol Other:	arship Committe	•
Donor/Organ High School	the recipient(s) is nization Represent Counselor only: resentation at the Aumity Scholarship Foship will be paid as	attach a statement s to be made by: ative: wards Programs(s) wards wards will approximation will approximation	RCSF Schol Other: will be made by: we the final recipt	arship Committe	ee