

**Scholarship Report Form – High School**

**Use a** **separate report form for each recipient. Expand this form as needed. Answer every question.** Contact Carol Wilson if you have questions or need a copy of the criteria: [cwilson@greatermilwaukeefoundation.org](mailto:cwilson@greatermilwaukeefoundation.org) or 414-336-7041

**Scholarship Name and Award Amount**

Recipient Name and amount of award:

Address:

Phone number:

Recipient email address if available:

**Special Direction and/or Preference Criteria**

Indicate how the recipient meets criteria listed in the special direction and/or preference section of the criteria form.

**Financial Need**

Does each recipient have financial need? ( ) Yes ( ) No ( ) N/A How was financial need determined if applicable? (Do not include confidential financial information, just a description of how the committee determines financial need.)

**College/University**

What college/university does the recipient plan to attend?

**Grade Requirements**

Is the recipient in good academic standing? ( ) Yes ( ) No If no, please explain. If applicable, indicate the student’s GPA as per criteria.

**Donor Recognition**

Has the recipient been notified of this scholarship by its name? ( ) Yes ( ) No If no, please explain.

**Confirmation**

Is the scholarship recipient a close relative of a member of the selection committee? ( ) Yes ( ) No

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| --- | --- |
| **School Name:** |  |
| **Counselor Name and Email Address:** |  |
| **Counselor Phone Number:** |  |
| **Date:** |  |