



**Notification Form for Scholarships Administered by
The Portsmouth Community Foundation**

Use this form to notify the Foundation of student selection for scholarship. Please include information in all areas of the form. Use "not applicable" where necessary.

Scholarship Name: _____

Student Selected: _____

SS# _____

Home Telephone: _____ Best time to call: _____

Home address: _____

Parent(s) Name And
address (if different) _____

High School: _____

College and
Address: _____

College Student ID# _____

I certify that an open, fair, and equitable process was used to select the above student, that no members of any recipient's immediate family participated in the selection process, and that the criteria of the scholarship as determined by the donor and The Portsmouth Community Foundation were fully met.

Selection Committee Chair: _____ Date: _____
(signature)

Title: _____ Telephone: _____

ATTACH COPIES OF ALL APPLICATIONS RECEIVED FOR THE SCHOLARSHIP AWARD