



Scholarship Nomination Form

The Selection Committee of the _____ Fund recommends to the Board of Trustees of The Spartanburg County Foundation the award(s) listed below. After due consideration of both the purposes for which the Fund was established and the criteria to be considered by the Trustees in making awards from the Fund, all as set forth in the Trust Agreement pursuant to which the Fund was established. Students selected for awards from the above named fund were chosen based on criteria contained in the founding instrument. It is attested that the selection process was fair and equitable and that no voting member of the Selection Committee was related to or otherwise had any conflict of interest with any applicants for these awards.

Date: _____

Signature (committee chair/representative): _____

Phone: _____ Email: _____

Please list all Selection Committee members participating in the selection on the back of this form.

AWARDS RECOMMENDATIONS (attach another sheet if necessary)

Total Number of Applicants: _____ Number of Awards recommended: ____

Student Name/Address *Student's full legal name*	College Issued Student ID# or Student's Birthdate	College University Address	Amount

The Foundation processes all award checks directly to the College or University.

Please note to the institution that the award is:

- ____ A one-time check for the entire Academic Year
- ____ First Semester Payment
- ____ Second Semester Payment
- ____ Other, please explain _____