

## Scholarship Renewal Form

Name:	
Address:	
City:	State:Zip:
Phone:	Email:
Name of scholarship to be r	enewed:
Year scholarship was first av	varded:
	and address – please note that the scholarship check will be sent e give a detailed address to where the check should be sent in order to
Student ID Number:	
Please indicate name and ar receiving.	mounts of any other scholarships and/or financial aid that you are
Signature of applicant:	
Please attach a copy of your fall semester.	most recent transcript and a copy of your class schedule or bill for the
Mail or bring transcript to:	The Troy Foundation Attention: Hannah Severt 216 West Franklin Street Troy, OH 45373

A scanned copy may be sent to hsevert@thetroyfoundation.org or faxed to (937) 339-8992.

Please allow at least 2 weeks from the time our office receives this form for your check to be processed and received by your school. Applicants will be notified if the renewal is not approved.