

Arkansas Community Foundation, Inc.
Union Station, 1400 W. Markham, Suite 206 Little Rock, AR 72201
Phone: 501-372-1116 Fax: 501-372-1166 Email: arcf@arcf.org

Scholarship Recipient Information Form

Please note: your scholarship will not be paid if you do not take both of the following steps:

- (1) Return this completed form to Arkansas Community Foundation (ARCF) when you are certain of which college you will attend.** Your scholarship cannot be processed until this form is received.

- (2) Mail, fax, or scan/email written Proof of Enrollment (POE) stating that you are officially enrolled in classes.** Please note that an acceptance letter from a college is not proof of enrollment. Proof of enrollment may be a form or letter from your college admissions office or a bill or class schedule with your school name and your name on it. We encourage you to personally send your POE to us rather than depending on the school. If POE is delayed, your payment will be delayed as well.

If your scholarship is split into two payments (one each semester), you must also provide POE once enrolled for the spring semester. If you change schools, you must contact us as soon as possible to prevent a delay in payment.

Please provide complete information

Mr. or Ms. Full Name: _____ Social Security Number: _____

Area Code and Phone Number: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

College you will be attending: _____

College Address: _____

(Please show the address of the billing office)

College City, State and ZIP: _____

College's main phone number: _____

Name of Scholarship Received: _____

Amount of Scholarship: _____

Your Signature: _____ Date signed: _____