

ARKANSAS COMMUNITY FOUNDATION
1400 W. Markham, Suite 206, Little Rock, AR 72201
Phone 501-372-1116; Fax 501-372-1166
Email: arcf@arcf.org

SCHOLARSHIP RECOMMENDATION FORM

Scholarship Fund Name _____
 Date of Scholarship Committee Selection _____
 Date Student will be informed _____

STUDENT INFO	Mr.	Ms.	Scholarship Amount	\$ _____
Student Full Name	_____		Soc Security Number	_____
Student Address	_____		Student Phone	_____
City, State ZIP	_____			

The signature below attests that each committee member read and agreed to the following:

- Every qualified student had access to information about this scholarship**
- Scholarship award criteria was met by the selected student**
- No committee member had a conflict of interest, will gain any benefit or is related to recipient**
- Every committee member understands and agreed to the above provisions**
- Fund donor did not influence committee selection in any way**

Permanent ARCF Contact

Name & Title _____
 Address, City, State, Zip _____
 E-Mail _____
 Phone _____
Signature _____

Other Committee Members

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
City/St/Zip _____	City/St/Zip _____	City/St/Zip _____
 Name _____	 Name _____	 Name _____
 Address _____	 Address _____	 Address _____
 City/St/Zip _____	 City/St/Zip _____	 City/St/Zip _____

A press release naming the winner of a scholarship is encouraged. Any press release should mention the fund by name and state that it is a fund of the Arkansas Community Foundation.