

# Scholarship Renewal

Scholarship recipients are required to complete and submit the “Scholarship Renewal Form” **every semester** according to the deadlines listed below. Please attach a copy of your most current transcripts to this form and submit to the **Hospital Foundation Office, Attn: Jillian Bemis**. **Payments will not be processed without this required documentation.**

The following information is required (Please do not leave any blanks):

## **NAME & CURRENT MAILING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**Degree:**

\_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

## **STUDENT DATA:**

**University:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Credit Hours per Semester:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## **Deadlines:**

**Spring Semester: May 20<sup>th</sup>**

**Summer Semester: July 20<sup>th</sup>**

**Fall Semester: December 20<sup>th</sup>**