



COMMUNITY FOUNDATION of the OZARKS

INSTRUCTIONS FOR ACTIVATING YOUR SCHOLARSHIP

To activate your scholarship for the 2009 -10 academic year, send CFO the following:

- A completed Student Information Form (see next page of this PDF)
- A copy of your Fall 2009 schedule - that includes your name, school, and the number of credit hours you will be taking. You must be a full-time student, i.e. enrolled for at least twelve (12) credit hours.

Please mail in one envelope to:

Judith Billings, Grants & Scholarships Coordinator
COMMUNITY FOUNDATION of the OZARKS
425 E Trafficway
Springfield MO 65806

IMPT! Once the above documentation is received, payment will be made to your student account and applied ½ Fall and ½ Spring for the 2009-10 academic year.

- Please let CFO know immediately if you:
 1. Change your name and/or address
 2. Change your e-mail and/or cell phone
 3. Drop out or transfer to another college / university
 4. Choose to study abroad / go on mission trip
 5. Have already graduated / intend to graduate early

Questions? Judith Billings, Grants & Scholarship Coordinator @ 417-864-6199
FAX: 417-864-8344 jbillings@cfozarks.org



Student Information Form
COMMUNITY FOUNDATION of the OZARKS

Recipient's Name _____ Date _____
(please print)

Current phone number _____ Cell phone _____

College Student Identification Number _____

OR

Last four digits of your Social Security # _XXX- XX - ____ ____ ____ ____ Date of Birth _____

E-mail Address _____
(must be able to recognize/receive e-mails from Community Foundation!)

Permanent (home) Address _____

City _____ St _____ Zip _____

Permanent (home) Phone Number _____

College or University _____

Financial Aid Office Address _____

City _____ St _____ Zip _____

Name of Scholarship _____

Scholarship Amount _____

