

100 Black Men of Greater Columbia, Inc.

Scholarship Renewal Request Form

ALL FORMS MUST BE TYPED

STUDENT INFORMATION

First:	Middle:	Last:
Street Address:		
City:	State:	Zip:
Email Address:		Phone:

COLLEGE/UNIVERSITY INFORMATION

Please provide the information for the college/university you are attending.

Institution:		
Street Address:		
City:	State:	Zip:
Major:		
Student ID Number:		Current GPA:

PAYMENT INFORMATION

Please identify to whom the scholarship check should be made payable.

<input type="checkbox"/> Student	<input type="checkbox"/> Institution	*Note: If institution, please ensure your student ID is included above.
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MAILING ADDRESS

Please provide the address to which the scholarship check should be mailed.

Payable to:		
Street Address:		
City:	State:	Zip:

APPLICANT CERTIFICATION

I certify that the information given herein is true and complete to the best of my knowledge. I also authorize investigation of all information contained in this request as may be necessary in making a scholarship allocation.

Student Signature _____ Date _____

Documentation Checklist:

- Verification of GPA (transcript)
- Proof of Continued Enrollment

Please mail this form and supporting documentation by **October 15th** to:

100 Black Men of Greater Columbia, Inc.
 Attn: Scholarship Committee
 Post Office Box 11507
 Columbia, SC 29211