

SCHOLARSHIP PAYMENT RENEWAL

Great West Casualty Company



Siouxland
Community
Foundation

Date _____

Student Name _____ Student ID # _____

Check one option:

This is notification that I did not achieve the required 3.0 (out of 4.0) GPA and my scholarship is therefore not eligible for renewal. **Email this completed form to office@siouxlandcommunityfoundation.org.**

I have maintained a 3.0 or above (out of 4.0) GPA and am eligible to renew the Great West Casualty Company scholarship. **Complete and email office@siouxlandcommunityfoundation.org the following documents:**

- Scholarship Payment Renewal Request
- Copy of Class Registration
- Official Transcript

Name of College/University _____

Financial Aid Office Address _____

City _____ State _____ Zip _____

Telephone _____

Your Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Permanent E-mail _____

Your College/University Address _____

City _____ State _____ Zip _____

Cell Phone _____ E-mail _____

Name of Scholarship - **Great West Casualty Company Scholarship- Renewal Amount \$500**

Tuition Payment Due Date _____

Payment requests need to be received by the Siouxland Community Foundation at least two weeks prior to the due date.

Siouxland Community Foundation
505 Fifth Street, Suite 412
Sioux City, IA 51101
(712) 293-3303