

# SCHOLARSHIP PAYMENT RENEWAL REQUEST



Siouxland  
Community  
Foundation

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Check one option:

- This is notification that I did not achieve the required 2.5 (out of 4.0) GPA and my scholarship is therefore not eligible for renewal. **Email this completed form to [office@siouxlandcommunityfoundation.org](mailto:office@siouxlandcommunityfoundation.org).**
- I have maintained a 2.5 or above (out of 4.0) GPA and am eligible to renew this scholarship. **Complete and email [office@siouxlandcommunityfoundation.org](mailto:office@siouxlandcommunityfoundation.org) the following documents:**
- Scholarship Payment Renewal Request
  - Copy of Class Registration for next semester
  - Transcript
  - Financial Aid Award letter

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 - **Kind World Scholarship**

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