

SCHOLARSHIP REPORTING FORM

Instructions: This form, along with a completed Disbursement Request Form, should be submitted at the time you want the scholarship payment to be made. <u>This form must be filled out completely.</u> The Selection Committee Chair must sign and date the form before submitting to the Nebraska Community Foundation.

To comply with IRS reporting requirements, the Nebraska Community Foundation requires a separate reporting form for each scholarship awarded by your fund.

Name of Scholarship Fund: Lawrence Goscha Scholarship	
Selection Committee Chair: Phone:	
Names of Selection Committee:	

Scholarship Recipient Name:	
Phone:	
Student ID or Social Security No	
(only if Student ID Number not known) Residence Address: City:	
State: Award Amount: ApplyTo: Fall se	emester only
College/University	g semester only equally Fall/Spr.
	r
Phone: Email:	

How was the scholarship recipient selected?	
By checking the box, the Selection Committee Chair certifies that no Scholarship Selection Committee	
member is a family member (as defined in the Scholarship Policy & Guidelines) of the scholarship recipient Contact NCF before awarding this scholarship if there is a family relationship between a Scholarship Select	t. tion
Committee member and a proposed scholarship recipient.	
Selection Committee Chair: Date:	

Please sign and return this form with a completed Disbursement Request form to: Nebraska Community Foundation P. O. Box 83107 | Lincoln NE 68501 | 402.323.7330 | Fax 402.323.7349