

**Wabash Valley Community Foundation Scholarship Program
End of the Year Student Report**

Please complete this form if you received a scholarship from the Community Foundation.

Name: _____

Email: _____ Date _____

Home Address: _____

School Address: _____

Name of Scholarship: _____

Academic Year: _____ Amount of Scholarship: \$ _____

College: _____

Major: _____ Minor _____

GPA: (cumulative) _____ Anticipated/Actual graduation date? _____

Honors/Recognitions:

Please tell us how receiving a Community Foundation scholarship personally affected you and your life.

What was your greatest “success” or achievement in college?

Is there anything else that the Community Foundation could have done better to help you prepare for college or to help you stay in school? Please indicate anything you thought was missing in the scholarship program that could have helped you.

If you had to do it all over again, what would you do differently while in high school to prepare for college?

____ Please initial here to give the Community Foundation permission to share my story for marketing purposes on printed materials or on the Foundation’s web site.

Please return the completed application to the Wabash Valley Community Foundation, 2901 Ohio Blvd, # 153, Terre Haute, IN 47803 or fax it to 812-234-4853 or complete it online at (Jill – Please insert the address)