

Community Foundation of Noble County

1599 Lincolnway South

Ligonier IN 46767

260-894-3335

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Policy: Form to Decline Scholarship

PLEASE COMPLETE THIS FORM ONLY IF YOU ARE DECLINING THIS SCHOLARSHIP

I _____ regret to inform the Community Foundation of Noble County that I will be unable to accept the scholarship awards listed below:

Name of Scholarship

Amount

Please explain the reason you are declining these scholarships in the space provided below:

By signing this document I hereby acknowledge I am relinquishing all rights to receive any of the scholarships listed herewith. If declining the Lilly Endowment Community Scholarship, I understand I am no longer eligible for any scholarship administered by the Community Foundation of Noble County.

Signature of Recipient

Date

*****For Foundation Use Only*****

Received by: _____ Date: _____

Please forward to the Scholarship Associate for processing.

Note: Form will be filed in current year scholarship file in the scholarship drawer by the Scholarship Associate.

Approved by NCCF Board of Directors _____
Signature of President/Officer

Date Approved: 12/17/2008 Date Revised: 6/13/2011, 6/22/2011

Note: this form was updated to reflect the new name change, but no signed copy. 6/5/2017