

**Southern West Virginia Community College Foundation, Inc.  
SFP-2000.A, Scholarship Award Form**

**Southern West Virginia Community  
College Foundation, Inc.  
  
Accounting Office**

Prepared by: _____
Dept. _____
Contact Number _____
Date _____

Scholarship Name _____	Scholarship Account # _____
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Scholarship Year \_\_\_\_\_ Term (Circle)    Fall            Spring            Summer

Will student receive another disbursement this academic year?    Yes \_\_\_\_\_ No \_\_\_\_\_

Recipient's Name	Student ID	\$ Amount
	<b>TOTAL</b>	

<p>_____</p> <p>Selection Committee Representative (Signature Required)</p> <p>_____</p> <p>Vice President for Development (Signature Required)</p> <p>It is the responsibility of the Vice President for Development to oversee the selection process, therefore, signature authorization by the Vice President indicates that the search criteria per the donor's restrictions have been met and that the selection was objective and nondiscriminatory. For audit purposes, the Vice President for Development should maintain documentation regarding the selection.</p> <p>Entered in Raiser's Edge by _____ Date _____</p>	<p><b>Foundation Accounting Use Only</b></p> <p>Date _____</p> <p>Acct. # _____</p> <p>Check # _____</p> <p>Remarks _____</p>
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