

**Southern West Virginia Community College Foundation, Inc.
SFP-4000.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
	TOTAL	

 _____ Selection Committee Representative (Signature Required)	Foundation Accounting Use Only
 _____ Chief Development Officer (Signature Required)	Date _____
 It is the responsibility of the Chief Development Officer to oversee the selection process, therefore, signature authorization by the Officer 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 Chief Development Officer should maintain documentation regarding the selection.	Acct. # _____
 Entered in Raiser's Edge by _____ Date _____	Check # _____
	Remarks _____