



**Foundation Staff Use**

Grant ID:

Donor Acknowledgement Letter

# SCHOLARSHIP NAME

Renewal & Proof of Enrollment Form

## Step 1: Complete the Required Student Information (completed by the student)

Student Name

Student ID

Full Name of College/University/Institution

20\_\_ - 20\_\_  
Academic Year

Academic Term (fall, winter, spring)

## Step 2: Provide Proof of Enrollment (select Option 1 or Option 2)

Option 1: Registrar Completes, Signs, and Stamps this Section

I hereby testify that the above student has a cumulative GPA of \_\_\_\_\_ is registered as a:

\_\_\_\_\_ student, during the 20\_\_ - 20\_\_ academic year for the \_\_\_\_\_ academic term.  
(full-time or part-time) (fall, winter, summer)

Registrar's Signature

EIN Taxpayer ID for Educational Institution  
(XX-XXXXXXX) Required to Pay

Address to which payment should be sent.

Stamp College/University/Institution Seal Here

Option 2: Use if Your Institution Does Not Complete this Form  
Provide ONE of the Following:

- Copy Bill OR Academic Schedule
- Proof of Enrollment from National Student Clearinghouse

Must include: Student's Full Name, Name of College, Billing/School Address, Academic Term and Credit Hours Enrolled.

## Step 3: Provide Required Renewal Documentation

- Essay: *description*
- Copy of Transcript: *no screenshots (unofficial or advising report sufficient)*
- Etc.

## Step 4: Return Proof of Enrollment and Renewal Documentation to The Columbus Foundation

**Email:** (please attach, do not embed docs)  
[scholarshipmanager@columbusfoundation.org](mailto:scholarshipmanager@columbusfoundation.org)

**Fax:**  
614/251-4010  
\*If fax or email, no need to mail original via USPS.

**Address:**  
Alicia Szempruch  
Scholarship Manager  
The Columbus Foundation  
1234 East Broad Street  
Columbus, OH 43205

**\*If Proof of Enrollment form does not accompany Option 2 document, the payment process will be delayed.**

