COMMUNITY PROJECTS, INC.

715 Franklin Street Napa, California 94559 (707) 226-7585

COMMUNITY PROJECTS, INC. SCHOLARSHIP AWARD VERIFICATION OF REGISTRATION FOR SCHOLARSHIP PAYMENT

Date	,
:	a graduate of
This award will be p college attendance. (Self-addressed stan	Community Projects, Inc. scholarship in the amount of \$ aid in TWO INSTALLMENTS (half of total) on the FIRST and SECOND TERMS o Payment will be made ONLY upon receipt of EACH completed Verification form hped envelopes are enclosed for your convenience.)
STUDENT: COMP	LETE ONE OF THE FOLLOWING: ** MUST INCLUDE
Please print inform	nation: I request that my scholarship payment be sent directly to me at:
Address:	
**Phone:	** Email address:
	I request my scholarship payment be sent directly to:
College address:	
Phone:	** Student ID#
	**Signature of student
**COLLEGE USE ON This is to certify that is attending classes	t the above named student has enrolled on a full-time basis (min 12 units) and
Signed	MONTO VENEZUE
Institution	
Date	**REOUIRED INFORMATION

SCHOLARSHIP RECIPIENT'S Check list In order to receive the CP scholarship awarded to you, it is necessary for you to fulfill the following requirements: 1) You must be a Napa County resident Verified by the school scholarship coordinator 2) You must be enrolled with a minimum of 12 units per semester. You much provide a copy of the school transcripts/coursework to CP 3) You must be attending an accredited intuition of higher learning 4) You must submit a VERIFICATION FORM for both terms with the following: Registrar's seal and signature Your student ID# Your signature _ 5) Address and name of where to send the check

As the scholarship will be given to you in TWO (2) parts: 2023 for 1^{st} term and 2024 for 2^{nd} term you will need to meet the above requirements for each term.

If you do not submit the required verifications you will forfeit the scholarship.

Any extenuating circumstances preventing your meeting these requirements may be reviewed by the CP Board.