



## Scholarship Committee Award Recommendation Form

The scholarship committee of the \_\_\_\_\_ Fund recommends to the Board of Directors of the Community Foundation for Northeast Michigan and/or its affiliate foundations the award(s) listed below.

I attest to the following:

1. None of the recipients listed is a member of the committee
2. None of the recipients listed is a member of any committee member's immediate family\*
3. The selection process was fair and equitable, and recipients listed below were chosen based on criteria contained in the fund agreement.

\_\_\_\_\_  
Signature: President of Organization, Committee Chair, etc.

\_\_\_\_\_  
Date

### Award Recommendations (attach another sheet if necessary)

Recipient Name, Address, Phone and Email (If Known)	Date of Birth	Award Amount	School of Choice
Email:			
Email:			
Email:			
Email:			

\*Immediate family members include siblings, spouses, children, stepchildren, grandparents, grandchildren, and step-grandchildren.

This form should be returned by mail, fax or email to: Community Foundation for Northeast Michigan, P.O. Box 495, Alpena, MI 49707  
Phone: 989-354-6881 - Toll Free: 877-354-6881 - Fax: 989-356-3319 - E-mail to [phraghty@cfnem.org](mailto:phraghty@cfnem.org)