CARLSBAD
COMMUNITY FOUNDATION

Scholarship Form

Please return this completed form, **a copy of your class schedule and current transcript of your college grades that verifies your cumulative GPA *if applicable in PDF* attachment** no later December 31 for Fall Semester and May 31 for Spring Semester. No payment(s) will be made until the requested information is submitted. *Please allow 7 – 10 business days for your information to be processed.*

Information can be submitted by:
Mail: Carlsbad Community Foundation, 114 S. Canyon, Carlsbad, NM 88220
Email as a **PDF attachment**: scholarships@carlsbadfoundation.org

If you have any questions, call 575-887-1131 or e-mail scholarships@carlsbadfoundation.org.

Name of Scholarship:_____ Amount: _____

Name: _____
First Last

Home Address: _____
Street City Zip code

Cell #: _____ Email Address:_____

Year graduated from High School: _____

School Attending: _____ Is this a change?: _____

Major: _____ Is this a change?: _____

Credit hours earned last semester: _____ Cumulative GPA: _____

Please select one:
☐ I will pick up my check when contacted at the following phone #:_____

OR

☐ Please mail my check to: _____
Street City Zip code

Thank you!

This form is also available online at www.carlsbadfoundation.org