



Congressional Black Caucus Foundation, Inc.
1720 Massachusetts Avenue, NW
Washington, DC 20036
(202)263-2800:Main (202)263-0848:Fax

The Scholarship Certification Form

Date: _____ CBCS/CBC: _____

Scholarship Award: \$ _____

Requested By: _____ Title: _____

Scholarship Recipient: _____
Last Name First Name Middle Initial

Social Security Number: _____

Name & Address of Academic Institution: _____
 (College/University) _____

This request is for the following check disbursement period: August: _____
 December: _____

If the student has applied for more than one scholarship, you must complete a certification form for each CBC Spouses Scholarship Program . Please attach the Certification Form(s) with the original application package.

- CBC Spouses Education Scholarship Fund Award: \$ _____
- CBC Spouses Cheerios Brand Health Initiative Scholarship Award: \$ _____
- CBC Spouses Performing Arts Scholarship Award: \$ _____
 (Sponsored in part by Heineken USA)

Certification

I certify that the CBC Spouses' members, CBC Members, Local Scholarship Selection Committee and Scholarship Coordinator has complied with all CBC Spouses Education Scholarship Fund guidelines as established and required by the Congressional Black Caucus Foundation, Inc. (CBCF).

I further certify that the scholarship recipient listed above is currently enrolled and in good academic standing at a college, university or institution, has met all eligibility requirements under the general guidelines of the CBCF and the approving district agent and is entitled to such payments as evidence by my signature below.

Certified by: _____ Title: _____
 (signature required)

Name: _____ (print)

Name of CBC Member: _____

