

# QUESTIONNAIRE FOR SCHOLARSHIP RECIPIENTS

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
College Email: \_\_\_\_\_  
Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_  
High School Attended: \_\_\_\_\_  
College attending: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Anticipated major: \_\_\_\_\_

*Please answer the following questions in complete sentences as your answers may be used for press release purposes.*

What inspired you to choose your intended major? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your career goals after you graduate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once completed, please mail or email this form to the Foundation as soon as possible.  
Mail to: The Community Foundation for Crawford County, 254 E. Mansfield Street, Bucyrus, OH 44820  
Email to: [amy@cfcrawford.org](mailto:amy@cfcrawford.org)



**NOTE: IF PROOF OF ENROLLMENT AND THIS SURVEY ARE NOT RECEIVED BY DECEMBER 1, THIS SCHOLARSHIP WILL BE FORFEITED AND THE AWARD WILL BE RETURNED TO THE SCHOLARSHIP FUND.**

The information in this form will be used for press release purposes and/or accurate delivery of scholarship awards.