



East Grand Rapids Schools Foundation

**Charles B. "Chip" Ridenour Memorial Scholarship
Nomination Form**

Date: _____

Name of Person Making the Nomination: _____

Nominator Telephone Number: _____

Name of Nominee: _____

Birth Date: _____

Nominee Home Address: _____
Street City State ZIP

Nominee Home Telephone: _____

College Nominee is Planning to Attend: _____

Nominee's Parents Names:

Father: _____ Telephone: _____

Mother: _____ Telephone: _____

Please use the space below or a separate sheet of paper to briefly describe an example of how the Nominee exemplifies the criteria listed on award description page.