



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’s Home Address:

City

State

ZIP

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Nominee’s Home Telephone

College Nominee is Planning to Attend:

Nominee’s Parents Names:

| | |
|---------------|------------------|
| Father’s Name | Father’s Phone # |
| Mother’s Name | Mother’s Phone # |

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

Nominations must be received at the East Grand Rapids School Foundation Office: egrsf@egrps.org
by **the first Monday in May**. Questions: Contact Carole McDonald: cmcdonal@egrps.org