

ACT

Adirondack Community Trust

Scholarship Recipient: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Scholarship Fund: _____

Grant Amount Received \$ _____

Date _____

The Scholarship Selection Committee and the Board of Adirondack Community Trust are interested in receiving an update from you.

1. Please describe how the scholarship funds were used.
2. Did this scholarship make a real difference to you in your educational pursuits?
3. Did you accomplish your educational goal?
5. What did you learn from this experience that will help you in future projects?

****Electronic photos of you in your educational program are gratefully accepted for public relations purposes and to promote this scholarship to other students in need.**

Please send your responses to the Adirondack Community Trust. This form can also be sent to you in Word format via e-mail. If you would like to complete the form electronically, please email Andrea at andrea@generousact.org. Please limit all responses to three pages.

Adirondack Community Trust, Heaven Hill Farm, PO Box 288, Lake Placid, New York, 12946
P: 518-523-9904 F: 518-523-9905

Encouraging philanthropy to serve the Adirondack region.