



## **Scholarship Renewal**

I request renewal of the Tire Rack Dependent Scholarship for the 2024-2025 academic year. Student Name: Student ID: I will enroll full-time as an undergraduate at: School Address of School Financial Aid / Scholarship Office I hereby certify, authorize, and acknowledge the following: ☐ I successfully completed at least 12 credit hours each semester/quarter during the immediately preceding academic year. I am in **good standing academically** and eligible to continue studies at the post-secondary institution. I understand I must inform the Scholarship Office if I transfer to a different school or if my enrollment changes. I must send notification by **June 1st** for a Fall 2024 semester transfer, or **November 1st** for a Spring 2025 semester transfer. I understand I must provide the Scholarship Office a copy of my Transcript and current Spring Class Schedule. ☐ I authorize my school to release a current transcript and other information regarding my academic progress to Kim Miller at the Scholarship Office. ☐ I participated in the following **community service activity**, including serving hours: \*Community Service is a requirement of the Tire Rack Dependent Scholarship Program. You must complete some type of community service activity. Briefly describe at least one community service activity in which you have been involved during the current academic school year. Please include what you have done to contribute to your community or how you have helped. **Community Service Activity Supervisor/Coordinator** Phone: \_\_\_\_\_ Email: \_\_\_\_\_ **Contact Information:** Understanding student residences change frequently, please provide permanent contact information where we can reach you with information about your scholarship (e.g., contact information for a parent or sibling who will know how to contact you). Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: Projected Graduation Date: By signing below, I certify the information I provided on this form is true, accurate, and complete. Student Signature:

PLEASE RETURN THIS COMPLETED FORM VIA EMAIL BY APRIL 15, 2024.

EMAIL ALL REQUIRED DOCUMENTS AS ATTACHMENTS TO: <a href="mailto:scholarships@discounttire.com">SCHOLARSHIPS@DISCOUNTTIRE.COM</a>
BE SURE TO INCLUDE YOUR OFFICIAL TRANSCRIPT AND YOUR CURRENT SPRING 2024 SEMESTER REGISTRATION