



Greater Lynchburg Community Foundation

1100 Commerce Street, Lynchburg, VA 24504 · (434) 845-6500 · Fax (434) 845-6530
www.lynchburgfoundation.org

Scholarship name: _____

COMMITTEE MEMBER ACKNOWLEDGEMENT

Academic Year: _____

Name of the Selection Committee Member: _____

Address: _____

Phone Number: _____

I hereby acknowledge that I have received and reviewed the Grant Making Procedures to be observed in the selection of the scholarship grantees.

I understand that it is my and my selection committee's responsibility to review whether the grantees have performed the activities the grants were intended to finance and that I will make a periodic report (at least once a year) or cause such report to be made to the Greater Lynchburg Community Foundation.

I understand that it is my and my selection committee's responsibility to keep records or cause records to be kept relating to all grants to individuals and make records available upon request to the Greater Lynchburg Community Foundation.

Dated: _____

(Signature)