**DUE BY JUNE 15 OF EACH ACADEMIC YEAR**

**Complete a separate form for each Scholarship Fund or Endowment. E-mail the form(s) to:**

**Laura Blais, Grants Administrator (LBlais@zarrow.org)**

 **Contact Laura with any questions by e-mail or at 918.295.8008**

**Note: The submission of this report(s) does not guarantee consideration of future grant funding.**

|  |  |
| --- | --- |
| **Report Date:** | **Click or tap to enter a date.** |
|  |
| **Institution Name** |
|  |
| **Scholarship Fund or Endowment Name**  |
| **AHZF GRANT AWARDED** |  | **AHZF ENDOWMENT STATUS (If Any)** |
| **Grant Date:** |  |  |  |  | **As of:** |  |  |  |
| **Total Grant Amount:** | **$** |  |  | **OR** | **Balance** | **$** |  |  |
| **Total Funds Spent:** | **$** |  |  |  | **Earned Interest Expended** **On Scholarships** | **$** |  |  |
| **Approved Carry-over from****Previous AHZF Grant Funds:** | **$** |  |  |  | **Balance on June 1 in** **AHZF-Awarded Scholarship** | **$** |  |  |
| **Total Fund Balance:** | **$** |  |  |  |
|  |  |  |  |
| **Brief Explanation of Any Unexpended Scholarship Funds** |
| Click or tap here to enter text. |
| **Demographic / Institutional Information** |
| List the overall institutional retention rate in the currently ending academic year (e.g., first-time, full-time students entering the institution in the fall who have registered for classes for their next semester)Click or tap here to enter text. |

**AHZF-AWARDED - STUDENT SCHOLARSHIP RECIPIENTS**

**Do Not Include Any Confidential Information (e.g., Social Security #, Student ID)**

**It is assumed that the students listed meet the 9-hour term criteria as set forth in the grant agreement.**

**If this is not the case, explain the exception in the note area below.**

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| **PAST ACADEMIC YEAR:** Choose an item. |

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| **NEW RECIPIENTS** |
| **Recipient Name | E-mail** | **Class** | **Major** | **Term GPA** | **Award**  |
| John SmithJohn.Smith@gmail.com | Freshman | Journalism | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall:  | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |

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| **Brief explanation of any students who have not met scholarship criteria (If Any)** |
| Click or tap here to enter text. |

**AHZF-AWARDED - STUDENT SCHOLARSHIP RECIPIENTS**

**Do Not Include Any Confidential Information (e.g., Social Security #, Student ID)**

**It is assumed that the students listed meet the 9-hour term criteria as set forth in the grant agreement.**

**If this is not the case, explain the exception in the note area below.**

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| **PAST ACADEMIC YEAR:** Choose an item. |

|  |
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| **CONTINUING RECIPIENTS** |
| **Recipient Name | E-mail** | **Class** | **Major** | **Term GPA** | **Award**  |
| John SmithJohn.Smith@gmail.com | Freshman |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |
|  |  |  | Spring:Fall:Overall: | $ |  |

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| **Brief explanation of any students who have not met scholarship criteria (If Any)** |
| Click or tap here to enter text. |