



### NATIONAL FCE SCHOLARSHIP REPORT FORM

**Summary for:**      **Year** \_\_\_\_\_      **State** \_\_\_\_\_

**Due Date:**      **Postmarked April 15**

**Send one copy to: National FCE Headquarters**  
**73 Cavalier Blvd. Suite 106**  
**Florence, KY 41042**

Name of person submitting: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Number of scholarships to FCE Members: \_\_\_\_\_

2. Dollar amount of scholarships given to members:      \$ \_\_\_\_\_

3. Number of scholarships to non-FCE Members: \_\_\_\_\_

4. Dollar amount of scholarships given to non-members:      \$ \_\_\_\_\_

**TOTAL OF ALL SCHOLARSHIP/DONATION MONEY GIVEN:**      \$ \_\_\_\_\_