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: $_____