



**Please mail or fax this form to:**  
Coca-Cola Scholars Foundation  
Two-Year Colleges Nominations  
PO Box 1615  
Atlanta, GA 30301  
Fax: 404-733-5439

**COCA-COLA SCHOLARS FOUNDATION**  
**TWO YEAR COLLEGES SCHOLARSHIP NOMINATION VERIFICATION FORM**

**Application Deadline: May 31**

**Name of College:** \_\_\_\_\_  
**Campus:** \_\_\_\_\_  
**College Address:** \_\_\_\_\_ **Unique ID** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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Please verify that your nominee meets the following criteria:

- \* Must be nominated by a college campus
- \* Must be U.S. citizens or permanent residents
- \* Must have demonstrated academic success (with a minimum GPA of 2.5 on a 4.0 scale)
- \* Must have engaged in community service within the previous 12 months as validated by their college nominator either on campus or in the community (Note: There is no minimum requirement however, we hope that you will nominate students who are consistently active in the community) or be employed full or part-time.
- \* Must be planning to enroll in at least two courses during the upcoming fall term at a two-year institution (*Please verify that your nominees will not be transferring to a four year institution before the upcoming Fall semester*).
- \* May not be children or grandchildren of Coca-Cola employees

**Nominee:**

**Name:** \_\_\_\_\_  
**Full-Time/Part-Time Student (F/P)** \_\_\_\_\_  
**Permanent Address:** **Street** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_

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**FOR COLLEGE USE ONLY**

**Nominator's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Nominator's Name and title (please print)**

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**Nominator's contact number**

**Nominator's email address**