

**The Campfire Foundation, Inc.**  
Organizational Grant: Scholarship Reporting Form

Organization Name:

Date Range:

Contact Person:

Contact Phone:

Name of Scholarship Recipient	Name of Event	Date of Event	Cost of Event	Total Scholarship Awarded	Campfire Funds Awarded	Comments

I attest that the information provided in this form is an accurate representation of the distribution of the Campfire Foundation's grant

**Signed:** \_\_\_\_\_