



# Donnie Ray Crawford Legacy Foundation

3737 S. 273 E Ave.  
Broken Arrow, OK 74014  
Phone: 405-219-2255

E-mail: [Scholarships@DonnieRayCrawford.com](mailto:Scholarships@DonnieRayCrawford.com)

## SCHOLARSHIP RENEWAL APPLICATION FALL 2026 SEMESTER

Must be received via email no later than Monday, June 15, 2026

If you have maintained a 3.75 cumulative GPA (3.50 cumulative GPA for recipients awarded prior to the Spring 2021 semester), this renewal form and an official transcript are required.

All materials must be submitted by the deadline above. Late or incomplete submissions will not be considered.

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### BIOGRAPHICAL INFORMATION

Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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### SCHOLARSHIP PAYMENT INFORMATION

Scholarship funds should be sent to this address.

Name of School: \_\_\_\_\_ Student ID: \_\_\_\_\_

Department / Office: \_\_\_\_\_ Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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### RENEWAL ELIGIBILITY INFORMATION

How many semesters have you received the Donnie Ray Crawford Legacy Foundation Scholarship? \_\_\_\_\_

Will you be enrolled as a full-time student this semester?  Yes  No

Expected Graduation / Completion Date (MM/YYYY): \_\_\_\_\_

Have you ever completed a bachelor's degree or equivalent program?  Yes  No

If yes, please list degree earned, school, and completion date: \_\_\_\_\_

**Transcript Requirement:** Applicants must submit an official transcript from their school (electronic or sealed paper copy) that includes the most recently completed semester. *Official electronic transcripts are preferred.* Transcripts that do not include the required semester may not be considered. If approved, scholarship funds will not be released until all required documentation has been received.

### APPLICANT CERTIFICATION

I hereby certify that all information provided in this renewal application is true, accurate, and complete to the best of my knowledge.

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_