



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning

, and ending

G Check all that apply

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

Name of foundation

THE CHAPMAN FUND AN ARIZONA NON-PROFIT CORPORATION

Number and street (or P O box number if mail is not delivered to street address)

13180 N 103RD DRIVE

City or town, state, and ZIP code

SUN CITY

AZ

85351

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end
of year (from Part II, col. (c),
line 16) ▶ \$ 398,376J Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

A Employer identification number

86-0731311

B Telephone number (see page 10 of the instructions)

(623) 876-6616

C If exemption application is pending, check here ▶ ☐D 1. Foreign organizations, check here ▶ ☐2. Foreign organizations meeting the 85% test,
check here and attach computation ▶ ☐E If private foundation status was terminated
under section 507(b)(1)(A), check here ▶ ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ▶ ☐**Part I Analysis of Revenue and Expenses** (The total of
amounts in columns (b), (c), and (d) may not necessarily equal
the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	0	0		
4 Dividends and interest from securities	16,174	16,174		
5 a Gross rents		0		
b Net rental income or (loss)	0			
6 a Net gain or (loss) from sale of assets not on line 10	0			
b Gross sales price for all assets on line 6a	0			
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10 a Gross sales less returns and allowances	0			
b Less: Cost of goods sold	0			
c Gross profit or (loss) (attach schedule)	0			
11 Other income (attach schedule)	0	0	0	
12 Total. Add lines 1 through 11	16,174	16,174	0	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc	0			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16 a Legal fees (attach schedule)	0	0	0	0
b Accounting fees (attach schedule)	0	0	0	0
c Other professional fees (attach schedule)	0	0	0	0
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)	50	0	0	50
19 Depreciation (attach schedule) and depletion	0	0	0	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications	23			23
23 Other expenses (attach schedule)	160	0	0	160
24 Total operating and administrative expenses. Add lines 13 through 23	233	0	0	233
25 Contributions, gifts, grants paid	12,000			12,000
26 Total expenses and disbursements. Add lines 24 and 25.	12,233	0	0	12,233
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	3,941			
b Net investment income (if negative, enter -0-)		16,174		
c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2010)RECEIVED
MAY 02 2011
IRS-CSC
GREEN, UTh
2

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments		84,611	21,097	21,097
	3	Accounts receivable ▶	0			
		Less allowance for doubtful accounts ▶	0	0	0	0
	4	Pledges receivable ▶	0			
		Less allowance for doubtful accounts ▶	0	0	0	0
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)		0	0	0
	7	Other notes and loans receivable (attach schedule) ▶	0			
		Less allowance for doubtful accounts ▶	0	0	0	0
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments—U S and state government obligations (attach schedule)		140,346	56,509	56,509
	b	Investments—corporate stock (attach schedule)		0	0	0
	c	Investments—corporate bonds (attach schedule)		160,083	216,234	216,234
	Liabilities	11	Investments—land, buildings, and equipment basis ▶	0		
		Less accumulated depreciation (attach schedule) ▶	0	0	0	0
12		Investments—mortgage loans				
13		Investments—other (attach schedule)		0	100,731	100,731
14		Land, buildings, and equipment basis ▶	0			
		Less accumulated depreciation (attach schedule) ▶	0	0	0	0
15		Other assets (describe ▶ <u>ACCRUED INTEREST</u>)		3,581	3,805	3,805
16		Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		388,621	398,376	398,376
17		Accounts payable and accrued expenses				
18		Grants payable				
Net Assets or Fund Balances	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons		0	0	
	21	Mortgages and other notes payable (attach schedule)		0	0	
	22	Other liabilities (describe ▶)		0	0	
	23	Total liabilities (add lines 17 through 22)		0	0	
		Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted		388,621	398,376	
	25	Temporarily restricted				
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.				
27	Capital stock, trust principal, or current funds			0		
28	Paid-in or capital surplus, or land, bldg, and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see page 17 of the instructions)		388,621	398,376		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)		388,621	398,376		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	388,621
2	Enter amount from Part I, line 27a	2	3,941
3	Other increases not included in line 2 (itemize) ▶ <u>MARK TO MARKET CHANGE</u>	3	5,814
4	Add lines 1, 2, and 3	4	398,376
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	398,376

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 25,000 FHLMC MED TERM NTS	P	8/18/2009	6/18/2010
b 25,000 FIRST UNION NATL BANK	P	10/31/2000	2/15/2010
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 25,000	0	25,255	-255
b 25,000	0	25,843	-843
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a 0	0	0	-255
b 0	0	0	-843
c 0	0	0	0
d 0	0	0	0
e 0	0	0	0

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-1,098
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8 }	3	-255

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchangible-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	16,489	380,896	0.043290
2008	16,160	382,701	0.042226
2007	17,250	381,829	0.045177
2006	1,317	371,081	0.003549
2005	11,106	274,310	0.040487

2 Total of line 1, column (d)	2	0.174729
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.034946
4 Enter the net value of nonchangible-use assets for 2010 from Part X, line 5	4	390,833
5 Multiply line 4 by line 3	5	13,658
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	162
7 Add lines 5 and 6	7	13,820
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	8	12,233

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	323
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3 Add lines 1 and 2		3	323
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	323
6 Credits/Payments			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a	47	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	0	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	47	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	276	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax	11	0	
Refunded			

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <u>AZ</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ WILLIAM T. SELLNER Telephone no ▶ (623) 876-6616			
	Located at ▶ 13180 N 103RD DRIVE SUN CITY AZ ZIP+4 ▶ 85351			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ▶			X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? ☐ **5b** N/A

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement		00	0	0
		00	0	0
		00	0	0
		00	0	0
		00	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000 <input type="checkbox"/>				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0

Total number of others receiving over \$50,000 for professional services

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 SCHOLARSHIP AWARDS	12,000
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
3 All other program-related investments See page 24 of the instructions	0
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	354,869
b	Average of monthly cash balances	1b	41,916
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	396,785
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	396,785
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see page 25 of the instructions)	4	5,952
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	390,833
6	Minimum investment return. Enter 5% of line 5	6	19,542

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	19,542
2a	Tax on investment income for 2010 from Part VI, line 5	2a	323
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	0
c	Add lines 2a and 2b	2c	323
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,219
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	19,219
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19,219

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	12,233
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12,233
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,233

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				19,219
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			5,404	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2010				
a From 2005	0			
b From 2006	0			
c From 2007	0			
d From 2008	0			
e From 2009	0			
f Total of lines 3a through e	0			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 12,233				
a Applied to 2009, but not more than line 2a			5,404	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	0			
d Applied to 2010 distributable amount				6,829
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2010	0			0
<i>(If an amount appears in column (d), the same amount must be shown in column (a))</i>				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				12,390
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2006	0			
b Excess from 2007	0			
c Excess from 2008	0			
d Excess from 2009	0			
e Excess from 2010	0			

N/A

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
MERCY OKORIE 12910 W VALENTINE AVENUE EL MIRAGE AZ 85335	NONE		SCHOLARSHIP	1,000
ARIANNA FOURT 3618 W SAGUARO PARK LANE GLENDALE AZ 85310	NONE		SCHOLARSHIP	1,000
MICHELLE RAYNES 1487 N 161ST DRIVE SURPRISE AZ 85374	NONE		SCHOLARSHIP	1,000
AMY ROWLAND 13515 W POST DRIVE SURPRISE AZ 85374	NONE		SCHOLARSHIP	1,000
CHANTELLE MCGOUGH 9411 W BRILES ROAD PEORIA AZ 85383	NONE		SCHOLARSHIP	1,000
TAMMY BELLECOMO 18227 N 34TH DRIVE PHOENIX AZ 85053	NONE		SCHOLARSHIP	1,000
JENNIFER COOLEY 14659 W ACAPULCO LANE SURPRISE AZ 85379	NONE		SCHOLARSHIP	1,000
BETTIE D'NISE CORCORAN 8631 W VIA MONTOYA PEORIA AZ 85383	NONE		SCHOLARSHIP	1,000
AUTUMN LIVINGHOUSE 2357 N 83RD DRIVE PHOENIX AZ 85037	NONE		SCHOLARSHIP	1,000
RACHEL SCHWEITZER-GIBLIN 16211 W BANFF LANE SURPRISE AZ 85379	NONE		SCHOLARSHIP	1,000
NATALIE SCHMID 3205 W POTTER DRIVE PHOENIX AZ 85027	NONE		SCHOLARSHIP	1,000
Total See Attached Statement			3a	12,000
b <i>Approved for future payment</i>				
Total			3b	0

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

KELLY TYRRELL

Street

12937 W REDFIELD ROAD

City

EL MIRAGE

State

AZ

Zip Code

85335

Foreign Country

Relationship

NONE

Foundation Status

Purpose of grant/contribution

SCHOLARSHIP

Amount

1,000

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

0

Line 18 (990-PF) - Taxes

		50	0	0	50
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income				
3	Income tax	50			50
4					
5					
6					
7					
8					
9					
10					

Line 23 (990-PF) - Other Expenses

	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Amortization See attached statement	0	0	0	0
2	Fund Raising				
3	Investment Account Fee	150			150
4	Arizona Corporation Commission Filing Fee	10			10
5					
6					
7					
8					
9					
10					

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

		140,346	56,509	140,346	56,509				
	Description	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year	Check "X" if Federal Obligation	Check "X" if State/ Local Obligation		
1	UBS FINANCIAL SERVICES INC	140,346	56,509	140,346	56,509	X			
2									
3									
4									
5									
6									
7									
8									
9									
10									

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

					160,083	216,234	0	216,234
	Description	Interest Rate	Maturity Date	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year	
1	UBS FINANCIAL SERVICES INC			160,083	216,234		216,234	
2								
3								
4								
5								
6								
7								
8								
9								
10								

Part II, Line 13 (990-PF) - Investments - Other

				0	100,731	100,731
	Item or Category	Basis of Valuation	Book Value Beg. of Year	Book Value End of Year	FMV End of Year	FMV
1	UBS FINANCIAL SERVICES INC	FMV		100,731	100,731	
2						
3						
4						
5						
6						
7						
8						
9						
10						

Part II, Line 15 (990-PF) - Other Assets

	Description	Beginning Balance	Ending Balance	Fair Market Value
1	ACCRUED INTEREST	3,581	3,805	3,805
2				
3				
4				
5				
6				
7				
8				
9				
10				

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Average Hours	Compensation
1	LELAND W PETERSON		13180 N 103RD DR	SUN CITY	AZ	85351		CHAIRMAN	1	0
2	WILLIAM T SELLNER		13180 N 103RD DR	SUN CITY	AZ	85351		SEC/TREAS	1	0
3	SANDRA L FOELL		14154 DENNY BLVD #207	LITCHFIELD PARK	AZ	85340		DIRECTOR	1	0
4	SAM CANEPA		9232 W TOPEKA DR	PEORIA	AZ	85382		DIRECTOR	1	0
5	JAN FERGUSON		15226 BOLIVAR DR	SUN CITY	AZ	85351		DIRECTOR	1	0
6	W A TURNER		18432 W GLENDALE	WADDELL	AZ	85355		DIRECTOR	1	0
7										
8										
9										
10										

Part

	0	0	0
	Benefits	Expense Account	Explanation
1	0	0	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7			
8			
9			
10			

[illegible]



Business Services Account
December 2010

Account name: THE CHAPMAN FUND
Friendly account name: Chapman Fund
Account number: UX 04396 JG

Your Financial Advisor:
GABRIELSON, JON R.
602-957-5100/800-247-1754

Your assets

Some prices, income and current values shown may be approximate. As a result, gains and losses may not be accurately reflected. See *Important information about your statement* at the end of this document for more information.

Cash

Cash and money balances

Holding	Opening balance on Dec 1 (\$)	Closing balance on Dec 31 (\$)	Price per share on Dec 31 (\$)	Average rate	Dividend/Interest period	Days in period
RMA MONEY MKT PORTFOLIO	18,807.96	21,097.62	1.00	0.01%	Nov 23 to Dec 26	34

Fixed income

Certificates of deposit

Cost basis has been adjusted for accreted original issue discount (OID) on long-term (more than 1 year) CDs

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
GOLDMAN SACHS BK UT US RATE 05 0000% MAT 11/26/2013 FIXED RATE CD ACCRUED INTEREST \$34.24 CUSIP 381426JTO EAI \$2,500 Current yield 4.57%	Nov 21, 08	50,000.000	100.000	50,000.00	109.402	54,701.00	4,701.00	LT

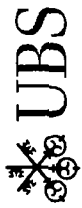
Corporate bonds and notes

Prices are obtained from independent quotation bureaus that use computerized valuation formulas to calculate current values. Actual market values may vary and thus gains/losses may not be accurately reflected. Cost basis has been adjusted for accreted original issue discount (OID). If you have made a tax

election to deduct the premium amortization on taxable debt securities, you may request that UBS adjust cost basis for the bond premium amortization.

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
ATLANTIC RICHFIELD CO RATE 08 500% MATURES 04/01/12 ACCRUED INTEREST \$1,062.50 CUSIP 048825BC6 Moody A2 S&P A EAI \$4,250 Current yield 7.87%	Jun 04, 10	50,000.000	105.892	52,951.25	108.028	54,014.00	1,062.75	ST

continued next page



Friendly account name: Chapman Fund
Account number: UX 04396 JG

Your assets • Fixed income • Corporate bonds and notes (continued)

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
WELLS FARGO & CO NEW								
RATE 05 250% MATURES 10/23/12								
ACCRUED INTEREST \$297 50								
CUSIP 949746NW7								
Moody A1 S&P AA-								
EAI \$1,575 Current yield 4 90%	Jul 10, 09	30,000 000	105 877	31,768 35	107 208	32,162 40	394 05	LT
GENL ELEC CO NTS								
RATE 05 000% MATURES 02/01/13								
ACCRUED INTEREST \$520 83								
CUSIP 369604AY9								
Moody Aa2 S&P AA+								
EAI \$1,250 Current yield 4 68%	Feb 25, 09	25,000 000	99 025	24,761 50	106 897	26,724 25	1,962 75	LT
WELLS FARGO & CO NEW								
GLOBAL NOTES								
RATE 04 625% MATURES 04/15/14								
ACCRUED INTEREST \$244 09								
CUSIP 949746F55								
Moody A2 S&P A+								
EAI \$1,156 Current yield 4 41%	Feb 25, 09	25,000 000	95 756	23,944 25	104 936	26,234 00	2,289 75	LT
J P MORGAN CHASE & CO								
NTS B/E								
RATE 04 750% MATURES 03/01/15								
ACCRUED INTEREST \$395 83								
CUSIP 46625HCE8								
Moody Aa3 S&P A+								
EAI \$1,188 Current yield 4 45%	Jul 10, 09	25,000 000	103 233	25,813 50	106 775	26,693 75	880 25	LT
WELLS FARGO & CO NEW SUB								
NOTES NTS								
RATE 05 125% MATURES 09/15/16								
ACCRUED INTEREST \$377 25								
CUSIP 949746JE2								
Moody A2 S&P A+								
EAI \$1,281 Current yield 4 80%	Aug 18, 09	25,000 000	105 749	26,442 50	106 694	26,673 50	231 00	LT

continued next page



Business Services Account
December 2010

Account name: THE CHAPMAN FUND
Friendly account name: Chapman Fund
Account number: UX 04396 JG

Your Financial Advisor:
GABRIELSON, JON R.
602-957-5100/800-247-1754

Your assets • Fixed income • Corporate bonds and notes (continued)

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
BARCLAYS BANK PLC								
MED TERM NTS								
RATE 04 0000% MATURES 11/30/20								
CUSIP 06740PM37								
Moody Aa3 S&P Not rated								
EAI \$1,000 Current yield 4.21%	Nov 24, 10	25,000,000	100,000	25,000.00	94,930	23,732.50	-1,267.50	ST
Total		\$205,000,000		\$210,681.35		\$216,234.40	\$5,553.05	

Total accrued interest: \$2,898.00

Total estimated annual income: \$11,700

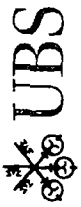
Asset backed securities

Prices are obtained from independent quotation bureaus that use computerized valuation formulas to calculate current values. Actual market values may vary and thus gains/losses may not be accurately reflected. The cost basis for asset backed securities has been adjusted automatically for return of principal payments and if issued at a discount, accreted original issue discount (OID).

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Adjusted cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
FNMA PL 735580								
RATE 05 0000% MATURES 06/01/35								
CURRENT PAR VALUE 23,355								
ACCRUED INTEREST \$97.30								
CUSIP 31402RFV6								
EAI \$1,168 Current yield 4.73%	Jul 10, 09	54,000,000	103,375	24,148.36	105,640	24,672.22	523.86	LT
GNMA PL 004248M								
RATE 07 5000% MATURES 09/20/38								
CURRENT PAR VALUE 11,047								
ACCRUED INTEREST \$69.04								
CUSIP 36202EWH8								
EAI \$829 Current yield 6.70%	Nov 21, 08	25,000,000	106,625	11,784.57	111,930	12,364.90	580.33	LT
FNMA PL AA4434								
RATE 05 0000% MATURES 03/01/39								
CURRENT PAR VALUE 8,548								
ACCRUED INTEREST \$35.61								
CUSIP 31416MAU5								
EAI \$427 Current yield 4.75%	Jul 10, 09	14,000,000	102,375	8,756.14	105,203	8,992.75	236.61	LT
Total		\$93,000,000		\$44,689.07		\$46,029.87	\$1,340.80	

Total accrued interest: \$201.95

Total estimated annual income: \$2,424



Friendly account name: Chapman Fund
Account number: UX 04396 JG

Your assets • Fixed income (continued)

Government securities

Prices are obtained from independent quotation bureaus that use computerized valuation formulas to calculate current values. Actual market values may vary and thus gains/losses may not be accurately reflected. Cost basis has been adjusted for accreted original issue discount (OID). If you have made a

tax election to deduct the premium amortization on taxable debt securities, you may request that UBS adjust cost basis for the bond premium amortization.

Holding	Trade date	Total face value at maturity (\$)	Purchase price (\$)	Cost basis (\$)	Price on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
US TSY INFLE PROT NOTE								
RATE 3 5000% DUE 01/15/11								
CURRENT PAR VALUE		25,132						
ACCRUED INTEREST \$403.95								
EAI \$440 Current yield 3 50%	Nov 21, 08	20,000.000	98.891	24,858.14	100.102	25,157.63	299.49	LT
US TSY INFLE PROT NOTE								
RATE 2 0000% DUE 07/15/14								
CURRENT PAR VALUE		29,006						
ACCRUED INTEREST \$266.41								
EAI \$580 Current yield 1 85%	Feb 25, 09	25,000.000	101.225	29,366.57	108.086	31,351.42	1,984.85	LT
Total		\$45,000.000		\$54,224.71		\$56,509.05	\$2,284.34	

Total accrued interest: \$670.36

Total estimated annual income: \$1,020

Your total assets

	Value on Dec 31 (\$)	Percentage of your account	Cost basis (\$)	Estimated annual income (\$)	Unrealized gain or loss (\$)
Cash	21,097.62	5.30%	21,097.62		
Cash and money balances					
Certificates of deposits	54,701.00		50,000.00	2,500.00	4,701.00
Corporate bonds and notes	216,234.40		210,681.35	11,700.00	5,553.05
Asset backed securities	46,029.87		44,689.07	2,424.00	1,340.80
Government securities	56,509.05		54,224.71	1,020.00	2,284.34
Total accrued interest	3,804.55				
Total fixed income	377,278.87	94.70%	359,595.13	17,644.00	13,879.19
Total	\$398,376.49	100.00%	\$380,692.75	\$17,644.00	\$13,879.19

Chapman Scholarship Application
Return to: Chapman Scholarship Fund
P.O. Box 1278
Sun City, Arizona 85372

INFORMATION MUST BE TYPED

Name in Full:			
Street Address			Apt. #
City		State	Zip
E-Mail Address:		Fax #:	
Home Phone		Cell Phone	
Date of Birth	Marital Status: (Circle) Single Married Partner		Number of dependents & ages
Current Employment		Position:	
Name of Spouse or Partner (if living together):		Spouse or Partner Occupation	
Please list all schools attended: HS and post-HS			
<u>School</u>		<u>Dates Attended</u>	
Please list any school and/or community activities. (use back of page if more space is required)			
Please attach a one page typed paper, double-spaced, about your professional career goals.			

**Chapman Scholarship
Confidential Statement for Financial Assistance**

Name in Full:		
Total Number of Dependents (excluding self)		
Are you or do you plan on receiving other financial aid or loans? (Circle) YES NO		
If Yes, list the source and type of aid or loan, e.g., Pell Grant, bank loan, etc. <u>Aid/Loan</u> <u>Dollar Amount</u>		
Last Year's Income	Self: \$	Parent / Spouse / Partner: \$
Current Year's Income	Self: \$	Parent / Spouse / Partner: \$
Applicant's projected <u>monthly</u> expenses for the following school year:	Please do NOT include expenses paid for housing which are paid by your partner, roommate, spouse, or relative.	
Food	\$	
Utilities	\$	
Housing	\$	
Phone	\$	
Insurance	\$	
Transportation	\$	
Child care	\$	
Loan Payments	\$	
Healthcare	\$	
Other	\$	
TOTAL MONTHLY EXPENSES	\$	
Applicants estimated tuition & book expenses for the following school year:		
Tuition: \$	Books, etc: \$	Total \$
Describe any unusual financial situations which affect your family and might have a bearing on this application: (Use back of page if more space is required)		
The information as disclosed by me on page one and page two of this application is accurate and true & can be verified by income tax returns.		
Student Signature:	Date	

Please return to:
Chapman Scholarship
10484 W. Thunderbird Blvd.
Sun City, Arizona 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student, which you think will be helpful in our selection process.

Signature _____

Date: _____

Phone: _____

Please circle relationship with student: Faculty Employer

Please add any additional comments on the back.

Please return to:
Chapman Scholarship
10484 W. Thunderbird Blvd.
Sun City, AZ 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student that you think will be helpful in our selection process.

Signature _____ **Date:** _____

Phone:

Please circle relationship with student: Faculty Employer

Please add any additional comments on the back.

Chapman Scholarship Application Boswell Nursing Students

INFORMATION MUST BE TYPED

SPRING 2005 Block: (Circle) 1 2 3

Name in Full:			
Street Address			Apt. #
City		State	Zip
E-Mail Address:		Fax #:	
Home Phone		Cell Phone	
Date of Birth	Marital Status: (Circle) Single Married Partner		Number of dependents & ages
Current Employment		Position:	
Name of Spouse or Partner (if living together):		Spouse or Partner Occupation	
Please list all schools attended post-HS			
<u>School</u>	<u>Dates Attended</u>		
Please list any school and/or community activities. (use back of page if more space is required)			
Please attach a one page typed paper, double-spaced, about your professional career goals.			

**Chapman Scholarship
Confidential Statement for Financial Assistance**

Name in Full:		
Total Number of Dependents (excluding self)		
Are you or do you plan on receiving other financial aid or loans? (Circle) YES NO		
If Yes, list the source and type of aid or loan, e.g., Pell Grant, bank loan, etc.		
<u>Aid/Loan</u>		<u>Dollar Amount</u>
Last Year's Income	Self: \$	Parent / Spouse / Partner: \$
Current Year's Income	Self: \$	Parent / Spouse / Partner: \$
Applicant's projected monthly expenses for the following school year:	Please do NOT include expenses paid for housing which are paid by your partner, roommate, spouse, or relative.	
Food	\$	
Utilities	\$	
Housing	\$	
Phone	\$	
Insurance	\$	
Transportation	\$	
Child care	\$	
Loan Payments	\$	
Healthcare	\$	
Other	\$	
TOTAL MONTHLY EXPENSES	\$	
Applicants estimated tuition & book expenses for the following school year:		
Tuition: \$	Books, etc: \$	Total \$
Describe any unusual financial situations which affect your family and might have a bearing on this application: (Use back of page if more space is required)		
<i>The information as disclosed by me on page one and page two of this application is accurate and true & can be verified by my 2003 and 2004 income tax returns.</i>		
Student Signature:		Date

Please return to:
Chapman Scholarship
Boswell / Mesa Nursing Education Program
10484 W. Thunderbird Blvd.
Sun City, Arizona 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student, which you think will be helpful in our selection process.

Signature _____

Date: _____

Phone: _____

Please circle relationship with student: Faculty Employer

Please add any additional comments on the back.

Please return to:
Chapman Scholarship
Boswell / Mesa Nursing Education Program
10484 W. Thunderbird Blvd.
Sun City, AZ 85351

CHAPMAN STUDENT RECOMMENDATION

NAME OF STUDENT: _____

1. How would you evaluate this student's academic potential?

2. How would you evaluate this student's motivation and dedication to learning?

3. How does this student demonstrate the ability to function in a professional manner, based on the student's attitudes, communication skills, and behavior?

4. Why should this student receive scholarship funding?

5. Describe any experiences/events in your association with this student that you think will be helpful in our selection process.

Signature _____ **Date:** _____

Phone:

Please circle relationship with student: Faculty Employer

Please add any additional comments on the back.