

Scholarship Donor Agreement

1. Name of Scholarship: _____ 2. Date Established: _____

3. Donor: _____

4. Address: _____

5. Telephone: _____ 6. Fax: _____ 7. E-mail: _____

8. _____ Endowed 9. If applicable, amount Endowed Initially: _____

10. _____ On-Going Annual Award 11. Amount Designated Initially: _____

12. _____ One Time Award (One year only) 13. Amount: _____

14. Number of Scholarships to be Awarded Annually: _____ 15. Amount of Each Award: _____

Criteria for Selecting Recipient

16. Age: _____ 18-28 _____ 29-40 _____ Over 40 _____ Any Age

17. Socio-Economic Factors _____ Financial Need _____ Re-entering Student
_____ Single Parent _____ Displaced Homemaker
_____ Displaced Worker _____ Welfare Recipient
_____ Leave to judgment of Selection Committee
_____ Other _____

18. Talent / Achievement: _____ Talented in a particular field (specify): _____

19. GPA (specify): _____ 20. Disabled Student: _____ 21. Four Year College Transfer: _____

22. Pursuing Degree in a Designated Field (specify): _____

_____ 23. I prefer to have the Scholarship Committee establish the criteria for the award.

_____ 24. I plan to make additional gifts to this fund in the future.

_____ 25. I permit the college to publicize this scholarship gift.

_____ 26. I prefer to remain anonymous.

Additional Comments: _____

*Endowed accounts are allowed to grow for one year before the first award is made. During this one-year period, the donor may fund the scholarship award with a separate gift. The Endowed principal will at no time be used to make scholarship awards.

Donor Signature Date Foundation Director Date

Citrus College and its Foundation do not discriminate on the basis of race, color, ancestry, national origin, sex, age, religious creed, marital status, medical condition, physical or medical disability, sexual orientation or military status in any policies, procedures, or practices.