



Scholarship Criteria Form

Date Scholarship Finalized: _____

Campus Designation (if any): _____

Scholarship Name: _____ Date: _____

1. Amount of Scholarship: _____ Minimum? _____ Maximum? _____

2. Academic Year _____ How many students will be
Scholarship will start: _____ awarded this scholarship per year? _____

3. Who will be the contact Name: _____
person for this Address: _____
scholarship? City/St/Zip: _____
Phone: _____

4. After the Scholarship deadline, where do
you want the applications to be mailed for
the selection of winner(s)? _____

CRITERIA (side one):

	YES	NO
5a. Is this to be a one-time scholarship? (or)		
5b. Is this to be a perpetual scholarship?		
5c. Do you wish for this to be included in the Scholarship Directory?		
6a. Will the student be paid at the beginning of the school year? (or)		
6b. Will payments to the student be split between semesters?		
7a. The Foundation deadline for applications is April 1 st of each year:		
7b. Does the Donor wish a different deadline?		
7c. If so, when? _____		
8a. Does the Donor have his/her own application packet? (or)		
8b. Does the Donor wish to use the Foundation's application packet?		
9. Does the Donor wish to be informed of scholarship results?		
10a. If the criteria is too strict, is Donor willing to permit modification?		
10b. Does the donor wish to be notified of changes in criteria?		

