



FOUNDATION OFFICE

Serving YCCD Since 1972

Scholarship Criteria Form

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 March 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?		

(Continued on next page)

CRITERIA (side two):

11a. Is the Scholarship for an incoming student? (or)

11b. Is the Scholarship for a continuing student? (or)

11c. Is the Scholarship for a student transferring?

12a. Is there a requirement for a major or career choice?

12b. If so, what?

13a. Is there a Grade Point Average (GPA) requirement?

13b. If there is a GPA requirement, what is it?

14a. Is there a unit level requirement?

14b. Does the student need to be full-time?

15a. Is the scholarship restricted to a particular campus?

15b. Name of Campus

YES	NO

SCHOLARSHIP DESCRIPTION:

Please attach a brief (125 words or less) essay describing how you would want your entry to appear in the College Scholarship Directory. Include a sentence about the person for whom the scholarship is named as well as the basic criteria for selection. The College may edit some of the wording for purposes of maintaining consistency in the entire scholarship directory. (A response is not necessary if the answer to question 5c, Page 1, is "No".)

Note: All Scholarship selections are subject to review by the College Office of Financial Aid.

How to reach us:

Yuba Community College District
Foundation Office
425 Plumas Blvd., Suite 200
Yuba City, CA 95991

Tel: (530) 749-3868
Email: foundation@yccd.edu

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- These forms are available in hard copy at the YCCD Foundation Office.
 - For assistance contact the YCCD Foundation Office.
 - Return completed forms to the YCCD Foundation Office.

FOR OFFICE USE:

Date Scholarship Finalized:_____ Campus Designation (if any):_____