

FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

SCHOLARSHIP CRITERIA FORM

Scholarship Name: _____ Date: _____

Campus: _____ ☐ New Scholarship ☐ Criteria Update (Updated by: _____)

Proposed Amount of Scholarship: _____ Minimum? _____ Maximum? _____

Academic year scholarship will start: _____ # scholarships to be awarded per year? _____

Contact Person / Donor's Name: _____

Address, City, State, Zip: _____

Email Address: _____ Phone: _____

CRITERIA

1. Is this a one-time scholarship? (or) ☐ Yes ☐ No
2. Is this a perpetual scholarship? ☐ Yes ☐ No
a. If yes, how is it to be funded? _____
3. Is scholarship to be included in Scholarship Directory? ☐ Yes ☐ No
4. When with the scholarship be paid? ☐ Fall ☐ Spring ☐ Split Fall/Spring
5. Scholarship application deadline is March 1st. Does the donor want a different deadline?
☐ Yes ☐ No *If yes, what is the proposed deadline?* _____
6. Does the Donor have their own application or do they want to use the Foundation's Application?
☐ Has Own Application ☐ Will Use Foundation's Application
7. Does the Donor wish to participate in selection of recipient? ☐ Yes ☐ No
If so, the Financial Aid Office will contact the donor for participation.
8. Does the Donor want to be informed of the scholarship results? ☐ Yes ☐ No
9. Is the scholarship for an (Please check all that apply)
☐ Incoming Student ☐ Continuing Student
10. Is there a requirement for a major or career choice? ☐ Yes ☐ No
If so, what is that requirement? _____
11. Is there a Grade Point Average (GPA) requirement? ☐ Yes ☐ No
If so, what is that requirement? _____
12. Does the student need to be full-time? ☐ Yes ☐ No
a. If not full-time, minimum units enrolled: _____
13. If the criteria is too strict, can the Foundation modify it? ☐ Yes ☐ No

a. Does the donor wish to be notified of changes in criteria? ☐ Yes ☐ No

14. Please check all campus where students are eligible to apply

☐ Beale AFB ☐ Colusa ☐ Lake ☐ Sutter ☐ Woodland ☐ Yuba

15. Other Criteria that the donor wants to be taken into consideration: _____

SCHOLARSHIP DESCRIPTION

Please provide a brief (100 words or less) narrative describing how you would want your entry to appear in the College Scholarship Directory. Please provide the basic criteria that will be used for selection and, if applicable, include a sentence about the person for whom the scholarship is named. The Foundation may edit for purposes of maintaining consistency in the scholarship directory. (A response is not necessary if the answer to question 3 was "No".)

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

FOUNDATION CONTACT INFORMATION

Yuba Community College District Foundation
425 Plumas Blvd., Suite 200, Yuba City, CA 95991
Email: foundation@yccd.edu Tel: 530.740.1703

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

FOR OFFICE USE:

Date Scholarship Finalized: _____ Campus Designation: _____
Campus Approval: _____ Foundation Approval: _____