

FOUNDATION

YUBA COMMUNITY COLLEGE DISTRICT

SCHOLARSHIP CRITERIA FORM *(revised June 2022)*

Scholarship Name: _____ Date _____

College: _____ 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 a perpetual scholarship?** One-Time Perpetual
a. If perpetual, how is it to be funded? _____
2. **Is scholarship to be included in the online Scholarship Directory?** Yes No
3. **When will the scholarship be paid?** Fall Spring Split Fall/Spring
4. **Scholarship application deadline is August 15. Does the donor want a different deadline?**
 Yes No *If yes, what is the proposed deadline?* _____
5. **Does the Donor have their own application, or do they want to use the Foundation's Application?**
 Has Own Application Will Use Foundation's General Application
6. **Does the Donor wish to participate in selection of recipient?** Yes No
If so, the Financial Aid Office will contact the donor for participation.
7. **Does the Donor want to be informed of the scholarship recipient?** Yes No
8. **The scholarship is for:** *(Please check all that apply)*
 Incoming Student Continuing Student
9. **Is there a requirement for a major or career choice?** Yes No
If so, what is that requirement? _____
10. **Is there a Grade Point Average (GPA) requirement?** Yes No
If so, what is that requirement? _____
11. **Does the student need to be full-time? (Full time is 12 units)** Yes No
a. If not full-time, minimum units enrolled: _____
12. **If criteria is too strict in attracting applicants, can it be modified?** Yes No
a. Does the donor wish to be notified of changes in criteria? Yes No
13. **Please check all campus where students are eligible to apply**
 Colusa Lake Sutter Woodland Yuba Main

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

SCHOLARSHIP DESCRIPTION

Please provide a brief (100 word) narrative describing how you want the scholarship to appear in the Scholarship Directory. Please include 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 Foundation Office and the College Financial Aid Office.

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: _____