

# 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".)

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**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  
3301 E. Onstott Road, Yuba City, CA 95991  
Email: [foundation@yccd.edu](mailto: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: \_\_\_\_\_