



FOUNDATION OFFICE

Serving YCCD Since 1972

Scholarship Criteria Form

Scholarship Name: _____ Date: _____

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

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

3. Who will be the contact person for this scholarship? Name: _____
 Address: _____
 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)	<input type="checkbox"/>	<input type="checkbox"/>
5b. Is this to be a perpetual scholarship?	<input type="checkbox"/>	<input type="checkbox"/>
5c. Do you wish for this to be included in the Scholarship Directory?	<input type="checkbox"/>	<input type="checkbox"/>
6a. Will the student be paid at the beginning of the school year? (or)	<input type="checkbox"/>	<input type="checkbox"/>
6b. Will payments to the student be split between semesters?	<input type="checkbox"/>	<input type="checkbox"/>
7a. The Foundation deadline for applications is April 1 st of each year:		
7b. Does the Donor wish a different deadline?	<input type="checkbox"/>	<input type="checkbox"/>
7c. If so, when? _____		
8a. Does the Donor have his/her own application packet? (or)	<input type="checkbox"/>	<input type="checkbox"/>
8b. Does the Donor wish to use the Foundation's application packet?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Donor wish to be informed of scholarship results?	<input type="checkbox"/>	<input type="checkbox"/>
10a. If the criteria is too strict, is Donor willing to permit modification?	<input type="checkbox"/>	<input type="checkbox"/>
10b. Does the donor wish to be notified of changes in criteria?	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on next page)

CRITERIA (side two):

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

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
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11c. Is the Scholarship for a student transferring?

<input type="checkbox"/>	<input type="checkbox"/>
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12a. Is there a requirement for a major or career choice?

<input type="checkbox"/>	<input type="checkbox"/>
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12b. If so, what?

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

<input type="checkbox"/>	<input type="checkbox"/>
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13b. If there is a GPA requirement, what is it?

14a. Is there a unit level requirement?

<input type="checkbox"/>	<input type="checkbox"/>
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14b. Does the student need to be full-time?

<input type="checkbox"/>	<input type="checkbox"/>
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15a. Is the scholarship restricted to a particular campus?

<input type="checkbox"/>	<input type="checkbox"/>
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15b. Name of Campus

<input type="text"/>	
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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
 2088 N. Beale Road
 Marysville, CA 95901

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

- 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): _____