

SBCC Foundation **SCHOLARSHIP FORM**



NEW **RENEW**

DONOR INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____

PRIMARY CONTACT (IF DIFFERENT THAN DONOR):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: _____

PROPOSED SCHOLARSHIP TITLE: _____

PURPOSE OF SCHOLARSHIP (please describe the purpose(s) for this scholarship): _____

HONORARY/MEMORIAL SCHOLARSHIP (please detail any information you would like to be included in the scholarship description about the person this scholarship is memorializing/honoring): _____

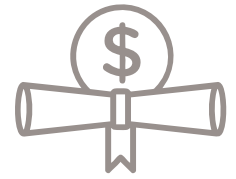
SCHOLARSHIP TYPE (do you wish the scholarship to be a general scholarship (open to all students) or intended for students within a specific department, program, or major(s)?)

- General
- Department: _____
- Program: _____
- Major: _____



*SBC*C Foundation

SCHOLARSHIP FORM



FUNDING

- Annual Scholarship (*minimum annual gift of \$1,650 over 5 years*)
- Endowed Scholarship (*minimum one-time contribution of \$45,000 for scholarship to exist in perpetuity*)

Total Pledge Amount: \$ _____
Initial Gift: \$ _____
Annual Gift Amount: \$ _____
Award Amount (*for annual scholarship only*): \$ _____
Number of Annual Awards: _____

ELIGIBILITY

Minimum requirements in order for student to be eligible for consideration

Minimum unit load (as defined by program of study):

- Full time (12+)
- Three-quarter time (9)
- Half time (6)
- Less than half (1+)
- None

Minimum GPA:

- 2.0
- 2.5
- 3.0
- 3.5
- None

Student Status:

- Entering
- Continuing
- Transfer
- Re-Entry
- None

Major: _____

Unit Requirement: _____

Other (*please specify*): _____

SELECTION CRITERIA

Criteria used by selection committee in determining scholarship awards

- Academic Achievement
- Financial Need
- Campus Service/Community Service
- Other _____

Other Comments: _____

DONOR SIGNATURE _____ **DATE** _____

FOUNDATION REPRESENTATIVE _____ **DATE** _____