

## **Scholarship and Donor Information Form 2019-20**

A scholarship account may be established by submitting this form with the first year funding for your scholarship to: Gavilan College, Attn: Financial Aid Office, 5055 Santa Teresa Blvd, Gilroy, CA 95020

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Formal Name of Scholarship:	Formal Name:	
Name of Organization:	Name:	
	Address:	
	City: State: Zip:	
Contact Person:	Name:	
	Phone #:	
	Email address:	
Name of Donor:	Name:	
	Address:	
	City: State: Zip:	
	Phone #: Email address:	
Would you like this address to be shared with recipients in		
order to receive thank you letters and correspondence	□ Yes	
directly?	□ No	
Number of scholarships to be awarded each year:		
Amount to be awarded per scholarship:		
Will donations be made to this scholarship on an annual	□ Yes □ No	
basis?		
	If yes, how much will be donated each year?	
What Inspired You To Establish a Scholarship?		
In Memory of		
In Honor of		
Other		
Please give background information on the significance of this scholarship: (use additional paper if needed)		

## **SCHOLARSHIP ELIGIBILITY CRITERIA:**

<b>Demog</b> l from?	raphics: Are there stipulations regarding which high school district the student graduated from or will graduate
	□ Yes □ No If yes, which district/school?
College	Standing: The applicants to this scholarship must be: (Check all that apply)
	<ul> <li>□ Entering College (Freshman – 0 to 24 college units completed)</li> <li>□ Continuing student at Gavilan College (Sophomore – more than 24 units completed)</li> <li>□ Transferring student (completed at least 48 units and transferring to a 4 year college or university)</li> </ul>
	nent Status: Is there a specific number of units that a student must be enrolled in at the time of they receive the ship funds? (Check all that apply)
	□ Enrolled full-time (12 or more units) □ ¾ Time Student (9-11.5) □ ½ Time (6-8.5) □ Less than ½ time (.5 to 5.5)
Acaden	nic Criteria:
	1) Does this scholarship pertain to a specific major/field of study?   Please choose required major (s) from the attached list and include here:
	Is this major(s)/field(s) required or preferred? □ Required □ Preferred
	2) Is there a minimum grade point average required to apply? □ Yes □ No
	If so, specify ( A=4.0; B=3.0; or C=2.0)
	Donor Requirements
Method	of Payment to Student
	<ul> <li>□ Donor will pay student directly.</li> <li>□ Donor will forward funds to the Gavilan College Educational Foundation for payment to student. Scholarship payments will be issued directly to the student after enrollment and academic requirements are verified.</li> </ul>
Recipie	nt Selection
	□ Recipient should be selected by Gavilan College Scholarship Selection Committee □ Recipient will be selected by donor.
Applica	tion Process
	<ul> <li>Donor has separate scholarship application, which will be forwarded to Financial Aid Department for advertising.</li> <li>Donor will use Gavilan Scholarship Application to award this scholarship.</li> </ul>

Scholarship Period
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<ul> <li>□ Donor wishes to make this a one-time scholarship</li> <li>□ Donor wishes to make this an annual scholarship – if so, please comment on how funds will be replenished to the account after the scholarship has been awarded:</li> </ul>
SELECTION CRITERIA
Gavilan College uses the AcademicWorks scholarship program for accurate and timely scholarship processing. Student apply through our scholarship website and when it is time to review scholarships, review committees are given online access to review eligible applications and choose recipients.
Review Committee:
<ul> <li>Scholarship has its own review committee already established</li> <li>Please provide <u>name</u>, <u>phone number and email for each</u> review committee member below:</li> </ul>
□ Donor would like to be a part of an established review committee □ Scholarship should be reviewed only by a Gavilan review committee
Criteria:
<ul> <li>Established college criteria is acceptable. This includes: academic performance, letter of recommendation, extracurricular participation, circumstantial needs.</li> <li>Other selection criteria (not already specified):</li> </ul>
Financial Need
□ Consider student's financial need □ Do not consider student's financial need
Award Disbursement
<ul> <li>□ Please make one payment in the Fall</li> <li>□ Make one payment in Fall and one payment in Spring to recipient(s).</li> </ul>
ADDITIONAL CRITERIA: