



For Office Use Only

Fund ID# _____

Date Form Received _____

Date Donation Received _____

Annual Scholarship Form

Thank you for donating a scholarship at the Santa Monica College Foundation. Please provide the following information along with your contribution for us to award the fund in accordance with your wishes and inform us of any changes in writing

The preferred minimum level for an annual scholarship is \$1,000 for disbursement. An additional 4% administrative fee is required upon receipt of the donation.

CONTACT INFORMATION

Donor Name: _____

Contact Person (if donor is an organization): _____

Address: _____

Telephone: _____

Email: _____

ELIGIBILITY CRITERIA

It is not necessary for you to stipulate eligibility criteria. Unrestricted scholarships allow the scholarship application reviewers to direct monies where the need is greatest among our student body in any given year. Scholarship recipients are chosen by committees comprised of appropriate SMC faculty and staff. Should you wish to specify eligibility criteria, you may do so below:

Minimum GPA (SMC sets a minimum of 2.5): _____

Academic Major: _____

Financial Need (yes/no): _____

Student Status (new/continuing/transfer): _____

Other Criteria (such as working student, volunteering): _____

Enrollment Criteria (part-time, full-time or either): _____

SCHOLARSHIP FUND

What will be the proper name of the fund? (*published title*): _____

Amount of the awards? (minimum \$1,000): _____

TOTAL to be paid by donor (including 4% administrative fee): _____

Signature: _____

Date: _____

Name (please print): _____