

CITRUS COLLEGE FOUNDATION  
**Scholarship Agreement**

1. Name of Scholarship: \_\_\_\_\_ 2. Date Established: \_\_\_\_\_

3. Donor: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Telephone: \_\_\_\_\_ 6. Fax: \_\_\_\_\_ 7: E-mail: \_\_\_\_\_

8. \_\_\_\_\_ Endowed 9. Amount Endowed Initially: \_\_\_\_\_

10. \_\_\_\_\_ On-Going Annual Award 11. Amount Designated Initially: \_\_\_\_\_

12. \_\_\_\_\_ One Time Award (One year only) 13. Amount: \_\_\_\_\_

14. Number of Scholarships to be Awarded Annually: \_\_\_\_\_ 15. Amount of Each Award: \_\_\_\_\_

Criteria for Selecting Recipient

16. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Either

17. Age: \_\_\_\_\_ 18-28 \_\_\_\_\_ 29-40 \_\_\_\_\_ Over 40 \_\_\_\_\_ Any Age

18. Socio-Economic Factors: \_\_\_\_\_ Financial Need \_\_\_\_\_ Re-entering Student  
\_\_\_\_\_ Single Parent \_\_\_\_\_ Displaced Homemaker  
\_\_\_\_\_ Displaced Worker \_\_\_\_\_ Welfare Recipient  
\_\_\_\_\_ Leave to Judgement of Screening Committee

19. Talent / Achievement: \_\_\_\_\_ Talented in a particular field (please specify): \_\_\_\_\_

20. GPA (specify): \_\_\_\_\_ 21. Disabled Student: \_\_\_\_\_ 22. Four Year College Transfer: \_\_\_\_\_

23. Pursuing Degree in a Designated Field (specify): \_\_\_\_\_

\_\_\_\_\_ 24. I prefer to have the Scholarship Committee establish the criteria for the award.

\_\_\_\_\_ 25. I plan to make additional gifts to this fund in the future.

\_\_\_\_\_ 26. I permit the college to publicize this scholarship gift.

\_\_\_\_\_ 27. I prefer to remain anonymous.

Additional Comments: \_\_\_\_\_

\* Endowed accounts are allowed to grow one year before the first award is made. During this one-year period, the donor may fund the scholarship award with a separate gift. The Endowed principal will at no time be used to make scholarship awards.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foundation Director

\_\_\_\_\_  
Date

Citrus College and its Foundation do not discriminate on the basis of race, color, ancestry, national origin, sex, age, religious creed, martial status, medical condition, physical or medical disability, sexual orientation or military status in any policies, procedures, or practices.