

SCHOLARSHIP INFORMATION FOR DONORS OF EXPENDABALE SCHOLARSHIPS

Print this form, complete and return with payment to: COC Foundation, 26455 Rockwell Canyon Road, Santa Clarita, CA 91355

Scholarship Information	
Name of scholarship:Date established:	
Contact information	
Initiator name:	
Organization name (if initiator is a group:	
Address:city/state/zip:	
Phone(s): email:	
Expendable scholarship criteria may be established by the donor. Please check the appropriate box below. Donors are encouraged to keep scholarship criteria as general as possible. If any choice does apply please leave blank.	not
Scholarship type Merit-based (GPA specific) Financial need based (means must qualify for financial aid) both	
Minimum unit completion criteria Continuing student Transferring student	
Minimum grade point average (GPA) criteria 3.50 CUM GPA 3.00 CUM GPA 2.50 CUM GPA 2.00 CUM GPA	
Enrollment status criteria [Full-time student (enrolled in 12+ units)] Part-time student (enrolled in 6-11 units)	
Educational objective criteria (optional)	
Associate degree Transfer student (4 year institution) Certificate	
Academic Schools at College of the Canyons (optional)	
Applied Technologies (insert specific program in program	n)
□ Humanities	

- □ Visual & Performing Arts
- □ Mathematics, Science & Health Professions
- □ Physical Education, Kinesiology & Athletics
- □ Social & Behavioral Sciences
- □ Business
- □ Early Childhood Education
- □ Student Services

Other criteria_

Examples: specific discipline, specific major, specific career path, specific population, i.e. veterans, women, single parents, cancer survivors and or their family members, etc.

□ Please check this box if you consent to having information you provide about the scholarship and any photos or other visually significant information posted on the Scholarship webpage for students and others to learn more about the origin of this award. Please take a few moments to provide information about the scholarship below. Images maybe emailed to tom.bilbruck@canyons.edu.

Payment for an expendable scholarship:

__Enclosed is my check in the amount of \$_____made payable to the COC Foundation to establish the

_____ (insert name of scholarship).

___Please charge my donation in the amount of \$_____to my credit card:

If you have any questions please feel free to call 661.362.3434