



SCHOLARSHIP INFORMATION FOR DONORS OF EXPENDABLE SCHOLARSHIPS

Scholarship Information

Name of Scholarship: _____

Date established: _____ Scholarship amount: _____

Scholarship Initiator: *(You will be the contact name attached to this scholarship and receive all future correspondence)*

Initiator name: _____

Organization name (if initiator is a group): _____

Address: _____ city/state/zip: _____

Phone(s): _____ email: _____

Scholarship criteria may be established by the donor. Donors are encouraged to keep scholarship criteria as general as possible.

College of the Canyons complies with Federal and State anti-discrimination laws. *Granting preference to any individual on the basis of race, sex, color, ethnicity, or national origin is illegal discrimination.*

SCHOLARSHIP CRITERIA: Please check the appropriate boxes below.

Scholarship type

☐ Merit-based (GPA) ☐ Financial need based (receives a Board of Governor's Waiver) ☐ Both

(if merit based) Minimum Cumulative GPA: ☐ 3.50 ☐ 3.00 ☐ 2.50 ☐ 2.00 ☐ _____
other

Minimum unit completion

- ☐ Continuing COC student (6 units completed)
☐ Transferring student (56+ units completed)
☐ No preference

Enrollment status

- ☐ Full-time student (enrolled in 12+ units)
☐ Part-time student (enrolled in 6-11 units)

EXPENDABLE SCHOLARSHIP CRITERIA CONTINUED:

Academic Schools at College of the Canyons (optional)

Please check the appropriate box if you would like your scholarship designated to a student in a specific discipline.

- ☐ **Applied Technologies** (Architecture & Interior Design, Automotive Technology, Construction Technologies, Construction Management, Fabrication, Manufacturing, Plumbing, Solar, Land Surveying, Water Systems, Technology, Computer Networking, Electronic Systems, Welding)
- ☐ **Business** (Business, Computer Applications & Web Technology, Culinary Arts/Wine Studies, Economics, Hotel & Restaurant Management, Paralegal, Real Estate)
- ☐ **Humanities** (American Sign Language, Cinema, English, ESL, Modern Languages, Humanities, Philosophy)
- ☐ **Kinesiology & Athletics** (Kinesiology & Physical Education, Recreation Management)
- ☐ **Mathematics, Sciences & Health Professions** (Allied Health Professions: Certified Nursing Assistant, Emergency Medical Technician, Health Sciences, Medical Laboratory Technician, and Nursing) (Biological Sciences, Chemistry, Computer Science, Engineering, Earth, Space & Environmental Sciences, Mathematics, Public Safety, Physics)
- ☐ **Social & Behavioral Sciences** (Anthropology, Communication Studies, Education/Early Childhood Education, History, Political Science, Psychology, SHARP, Sociology)
- ☐ **Visual & Performing Arts** (Art, Dance, Graphic & Multimedia Design, Media Entertainment Arts, Music, Photography, Theater)

Additional criteria: *(optional)*

- ☐ Student must show affiliation with _____ campus program/group.
- ☐ Student is interested in pursuing the following degree or career:

☐ Additional requested criteria: _____

- ☐ I would like to provide information and/or photos about the scholarship to be posted on the Scholarship webpage for students and others to learn more about the origin of this award.
Please send information and photos to cindy.biehahn@canyons.edu

Scholarship Agreement for _____
Name of Scholarship

Donor:

☐ **I AGREE** *If at any time the selection criteria of the [gift/scholarship] become contrary to law or District policy, as determined at the discretion of the District, the District may modify these criteria as necessary, while keeping them as closely aligned as possible with the selection criteria described [above/in this gift agreement].*

Name

Date

Financial Aid Office:

The above scholarship has been reviewed and is accepted by Financial Aid.

Name

Date

Foundation:

The above scholarship has been reviewed and is accepted by Foundation.

Name

Date

Payment for an expendable scholarship: (if applicable)

☐ 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:

☐ VISA

☐ MC

☐ AMEX

Credit Card Expiration date____/____

To make a donation online go to www.cocfoundation.com then select “**Donate Now**”. Complete all information and select Scholarship then type in the name of the scholarship.

Please return this form via email to cocfoundation@canyons.edu

Additional Comments: