



PALLO VERDE COLLEGE FOUNDATION

WHERE KNOWLEDGE TAKES ROOT AND OPPORTUNITY GROWS

Scholarship Establishment Form

The Foundation Scholarship Selection Committee may be comprised of faculty, staff, donors, and Foundation Directors. The committee meets in the spring to select qualified scholarship recipients. Scholarships are often coordinated with a student's overall financial aid package. Students are requested to complete a general scholarship application for a specific scholarship. The scholarship committee evaluated the students' qualifications for the various scholarships offered. Donors are notified annually of the recipients of their respective scholarships.

Scholarship Information

Name of Scholarship:	_____
Name of Person setting up Scholarship:	_____
Scholarship Type:	☐ Scholarship Endowment (\$15,000 Minimum) Scholarships to be given from interest earned. Corpus Remains invested by the Foundation.
	☐ Designated Scholarship (\$1,000 minimum). Minimum Scholarships is \$200.00. Must guarantee to make annual donations for a minimum of three years. If funds drop below \$200, funds will be swept into the Unrestricted Operations account.
	☐ Undesignated Scholarship (\$200.00 Minimum). One-time Scholarship. Money to be placed in the Savings Account and disbursed.
Amount of Scholarship:	_____
Frequency of Scholarship:	☐ Fall Only ☐ Spring Only ☐ Fall and Spring
Reason/History of why this scholarship is being created.	_____

Eligibility*Criteria must not discriminate on the basis of age, race, gender, or any other protected items as stipulated by state or federal law.

Major:	_____
GPA Required:	_____
Completed Units Required:	_____
Number of Units Enrolled:	☐ Full Time (12 Units) ☐ Part-Time (Less than 6 Units)
Transfer:	_____
Merit Based:	_____
Need Based:	_____
Other Criteria:	_____

Selection

Would you like to be a part of the selection process?	☐ Yes	☐ No
Would you like to make the presentation to recipient(s)?	☐ Yes	☐ No
How would you like to be notified?	☐ Email	☐ Phone ☐ Mail

Contact Information

Name:	_____
Address:	_____
Email:	_____
Phone Number:	_____
Alt. Phone:	_____
Date of Birth:	_____
Friend/Family Contact:	_____
Address:	_____
Email:	_____
Phone Number:	_____
Alt. Phone:	_____

I agree that the information provided above is true and correct. I understand that changes to this Scholarship outline shall be made in writing and that said changes will not be applied retroactively.

Donor	Palo Verde College Foundation
Signature	Signature
Date	Date

If you have any questions, or would like to make any changes, please contact Bianca Rodriguez at 760.921.5421 or via email at bianca.rodriguez@paloverde.edu.