Scholarship Fund

Committee and Criteria Selection Form

Central Valley COMMUNITY FOUNDATION

Fund Name _____

Committee Member 1

Name: _____

Phone _____ Email: _____

Mailing Address: _____

Organization Name: _____

Notes: _____

Committee Member 2

Name: _____

Phone _____ Email: _____

Mailing Address: _____

Organization Name: _____

Notes: _____

Committee Member 3

Name: _____

Phone _____ Email: _____

Mailing Address: _____

Organization Name: _____

Notes: _____

Committee Member 4

Name: _____

Phone _____ Email: _____

Mailing Address: _____

Organization Name: _____

Notes: _____

Committee Member 5

Name: _____

Phone _____ Email: _____

Mailing Address: _____

Organization Name: _____

Notes: _____

Office Use Only:

Fund _____

FIMS profile(s) updated ☐ _____

☐ _____

Reviewed By: _____

Acknowledgement

I, as scholarship committee chair, acknowledge that:

☐ the scholarship availability and selection criteria will be publicized to the community

☐ Substantial donors to the scholarship fund will not control the process for selecting recipients,

☐ The scholarship applicants will be screened in an objective and nondiscriminatory manner. Documentation will exist to show how the recipients were selected (e.g. minutes of committee meetings, copies of applications and scoring instruments

Scholarship Fund

The scholarship selection committee includes the following individuals. There is no minimum number of members required, unless a donor is on the committee, in which case 3 or more members are required.

Advisor Signature: _____

Print Name: _____

Date: _____

Please mail, email or fax form to:
Central Valley Community Foundation 5260 N. Palm Ave, Suite 122 | Fresno, CA 93704
Email: program@centralvalleycf.org | Fax: 559-230-2078