

Account number: _____

Scholarship Donor Agreement Form Cal Poly Pomona

Name of scholarship: _____ Date: _____

College/Department: _____

Contact Person: _____
Name Title Extension E-mail

ELIGIBILITY CRITERIA

1. Applicant status: Entering freshman Entering transfer Continuing Both entering and continuing students
2. Class standing: All class levels OR Freshmen Sophomore Junior Senior All Undergraduate
 Graduate Teaching Credential
3. College: Any college Specific college(s) _____
4. Academic major: Any major within _____ Specific major(s): _____
College(s)
5. Minimum GPA requirement: 3.75 3.5 3.0 Other minimum GPA _____
6. Enrollment for period of the award: At least half-time Full-time (12 units undergraduate and/or 8 units graduate)
7. Required activities/sport participation: _____

8. Limited to students with calculated financial need? Yes No
9. CA residency required? _____ Yes _____ No
10. US citizenship required? _____ Yes _____ No
11. Other eligibility requirements: _____

RENEWAL CRITERIA

1. Is this scholarship renewable? Yes No If renewable, number of years scholarship can be renewed: _____
2. If renewable, what are the renewal criteria? _____

ADMINISTRATION OF SCHOLARSHIP

1. Applicants submit applications to: Office of Financial Aid
 College/Department/Office: _____
 Other: _____
2. Recipients are selected by: Office of Financial Aid Scholarship Committee
 College/Department/Office _____
3. Award is to be: Disbursed in year student is selected as recipient.
 Disbursed in the year following the selection:
3. Term(s) of disbursement: Fall Winter Spring Summer
6. Annual award amount: \$ _____. If award amount varies, awards range from a minimum of \$ _____ to a maximum of \$ _____.

Scholarship Account Information Cal Poly Pomona

FUNDING TYPE

| | | |
|--|---|---|
| <input type="checkbox"/> Endowment Total Endowment: _____ Est. Annual Earnings: _____ Year of First Award: _____ | <input type="checkbox"/> Annual Contribution Expected Annual Allocation: _____ Expected Date of Receipt: _____ Year of First Award: _____ | <input type="checkbox"/> One-Time Contribution Allocation: _____ Date of Receipt: _____ Year to be Awarded: _____ |
|--|---|---|

The following information is optional if this scholarship is administered through colleges or departments other than the Office of Financial Aid.

DONOR INFORMATION

Donor/Organization Representative

Organization: _____

Name: _____

Address: _____

Phone: _____

E-mail: _____

CAL POLY POMONA INFORMATION

Cal Poly Pomona Account Administrator

Organization: Cal Poly Pomona

Name: _____

Address: _____

Phone: _____

E-mail: _____

This agreement establishes the guidelines to be used by Cal Poly Pomona in the administration of this scholarship. This information will be shared with the Office of Financial Aid for awarding and recording purposes. Any changes made to the above stated criteria must be submitted in writing and authorized by the donor. Donors will receive information from the Cal Poly Pomona account administrator on an annual basis regarding their account. The CPP account administrator will also coordinate the delivery of thank you responses from the recipients of the scholarship.

Donor/Organization Representative: _____ **Date:** _____

Cal Poly Pomona Account Administrator _____ **Date:** _____