

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