



# SANTA CLARITA VALLEY SCHOLARSHIP FOUNDATION

## SCHOLARSHIP SPONSOR CRITERIA AND PRIVACY FORM

Name of Award: \_\_\_\_\_  
Total number of awards: \_\_\_\_\_ Type of Award: \_\_\_\_\_ One Time \_\_\_\_\_ Annual: \_\_\_\_\_  
Distribution of funds (Amount of Award): \$ \_\_\_\_\_  
Donor's Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Name of Organization or Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

### TO MEET SCVSF REQUIREMENTS FOR SCHOLARSHIPS, THE APPLICANT SHALL:

- \* Be a resident of the Santa Clarita Valley
- \* Attend high school in the William S. Hart District for the 11th and 12th grades
- \* Achieve a minimum 2.0 (C) grade point average
- \* Plan to continue education at a vocational school, community college, 4-year college or university
- \* Write an essay (350 words) that addresses prompt on current application

Applicants from any of the eleven high schools will be eligible. A committee from the Santa Clarita Valley Scholarship Foundation will select the winner and present a certificate at each high school's awards ceremony. The names of winners will remain confidential until the awards ceremonies. The recipient will be required to send proof of enrollment (12 units or more) before a check will be issued. Awards will be issued in two payments. Proof of continued registration AND previous semester grades showing a GPA of 2.0 (C) or better will be required to claim the second payment. Students will have two years from their graduation date to claim award money. If unclaimed after two years, the money will be re-issued to a new recipient.

### SPECIFY ANY CHANGES OF THE CRITERIA FOR YOUR SCHOLARSHIP

Is award open to all schools? Yes\_\_ No\_\_ If no, list eligible school(s): \_\_\_\_\_  
Grade point average (specify minimum if other than 2.0): \_\_\_\_\_  
Type of school to attend: \_\_\_\_\_  
Type of Major: \_\_\_\_\_ Field of Interest: \_\_\_\_\_  
Would you like to present your recipient's award at his/her high school awards ceremony? Yes No  
Additional Requirements specific to your scholarship: \_\_\_\_\_

**PLEASE NOTE: No additional questions or essays may be added to the application.**

May SCVSF use your name as specified on Page 2 of this form? Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## DONOR PRIVACY POLICY AND CONSENT FORM

### 1. PURPOSE OF THE PRIVACY AND CONSENT FORM:

The SCVSF wishes to maintain your privacy according to your wishes. The Foundation will not share information about you unless you agree to allow the use of your personal information. However, the Foundation will disclose information if required by law as in the filing of required federal tax forms. This information will be requested as needed.

### 2. RECORD KEEPING:

The SCVSF maintains records of all contributions and donors. Only authorized members of the Foundation have access to these records. Authorized members may contact you to obtain personal information.

### 3. REQUESTED USE OF PERSONAL INFORMATION:

In order to increase the number of scholarships that can be given to students, it's often helpful to publish information that may be seen by the community or individuals outside our organization.

The Foundation is requesting permission to use your name, your organization's name, and/or your donation amount in promotional or informational documents.

Publications include, but are not limited to: press releases, community newsletters, brochures, the SCVSF website, grant applications, and fund-raising materials. Under NO circumstances will your name or personal information ever be sold to any other person, business or organization.

Please indicate your preference:

\_\_\_\_\_ You may include my name/organization name

\_\_\_\_\_ You may include my name/organization name and donation

\_\_\_\_\_ You may include my website address as a link: \_\_\_\_\_

\_\_\_\_\_ Do not include any information as I/we wish to remain anonymous.

PLEASE NOTIFY THE FOUNDATION IMMEDIATELY IF YOUR SELECTION CHANGES (Contact Information below).

Name of Donor or Organization (PRINT CLEARLY):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_