SANTA CLARITA VALLEY SCHOLARSHIP FOUNDATION
DONOR CRITERIA/PRIVACY FORM

Award name: _____

Amount of award: _____

One time? _____ Annual? _____

Donor/contact name:

_____

Name of Organization or Business:

_____

Mailing address:

_____

City/State/Zip:

_____

Email address: _____

Cell phone: _____ Alternate phone: _____

TO MEET SCVSF REQUIREMENTS FOR SCHOLARSHIPS, THE APPLICANTS SHALL:

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

Applicants from any of the 11 high schools will be eligible. A committee from the Santa Clarita Valley Scholarship Foundation will select the winners 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 greater than $1,500 will be issued in two payments. Proof of continued registration AND previous semester grades showing a GPA of 2.0 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 reissued to a new scholarship.

ADDITIONAL CRITERIA FOR YOUR SCHOLARSHIP:

Is your award open to all schools? Yes _____ No _____. If no, list eligible school(s)

_____

GPA required if other than 2.0 _____

Type of school to attend? _____

Major preferred: _____ Field of interest:_____

Additional requirements:

_____

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

Would you like to present your recipient's award at their awards ceremony? _____

Purpose of the Privacy and Consent Form

~~The SCVSF will 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.

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.

Requested use of personal information

In order to increase the number of scholarships that can be given to students, it is 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.

This information may be used in press releases, community newsletters, brochures, the SCVSF website (www.scvsf.org), 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 in a link

_____ Do not include any information, as I/we wish to remain anonymous

Please notify the Foundation immediately if your preference changes (see contact information below)

Name of Donor/Organization:

_____

Signature: _____Date: _____

THANK YOU FOR YOUR SUPPORT!

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SCVSF is a 501 (C) 3 organization: Tax ID 51-017389
P.O. Box 220236, Santa Clarita, CA 91322-0236
www.scvsf.org
Please email scvsf70@gmail.com with any questions or concerns

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