



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 10 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 greater than \$1,500 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: _____



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: _____