GLENDALE COMMUNITY COLLEGE
Scholarship Data Form

I. Donor Information:

Scholarship Name:_____

Donor's Name:_____ Donor's Phone #:_____

Donor's Address: _____

Name of Donor's Agent (if applicable):_____ Agent's Phone#:_____

Number of Awards:_____ Amount(s): _____

How Often Awarded:_____ Length of Authorization: _____

II. When Will the Scholarship be Awarded?:

_____ While the recipient is enrolled at Glendale College (to help continuing students with their school expenses while at GCC).

_____ Upon the recipient's transfer to a four-year college or university.

_____ Upon the recipient's graduation from Glendale College.

_____ Other: _____

III. Eligibility Criteria (please check all that apply):

_____ Academic Achievement

_____ Grade Point Average (specify minimum g.p.a.): _____

_____ Major:_____

_____ Financial Need

_____ Gender Male: _____ Female: _____

_____ Campus Activities/Service

_____ Community Service

_____ Other: _____

IV. How Will the Recipient be Selected?:

_____ By the Glendale College Scholarship Committee

_____ By the Donor

_____ By the Glendale College Scholarship Office

_____ By the Instructional Division or Department Faculty

_____ Other:_____

V. Memorandum:

_____

_____

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Donor or Agent's Signature: _____ Date:_____