Moorpark College
Scholarship Establishment Form

Name of Scholarship: _________________________________________
(an MCF Fund*)

Number of Student Awards: __________________ Award Amount: ________________

DONOR INFORMATION

Organization or Individual Name(s): ____________________________________________________________
Contact Person: ___________________________________________________________________________
Address: _________________________________________________________________________________
City: ________________________________________ State: ____________________ Zip: ______________
Phone: (             ) __________—__________________ Email: ______________________________________

SCHOLARSHIP INFORMATION

This scholarship is intended for:        Continuing student(s) at Moorpark College
                     Student(s) transferring from Moorpark College
t                     to a four-year college/university
This scholarship will be a:                one-time only;      an annual award; endowed.
This scholarship is intended to fund:      Tuition and fees Books
                     Both Other _____________

ELIGIBILITY CRITERIA

(PLEASE CHECK ALL THAT APPLY)

☐ Academic Achievement. If yes, the minimum GPA is _______
☐ Major __________________________
☐ Campus Activities
☐ Community Service
☐ Other _____________________________

☐ Financial Need (information provided on scholarship application)
☐ Full-time student (12 or more units)
☐ Part-time student (minimum of 6 units)
☐ Work Experience

The scholarship recipient will be selected by:      Moorpark College Scholarship Committee
                     Donor

____________________________________________       ____________ / __________ / __________
Signature                                Date

*Donations must be payable to the Moorpark College Foundation. Use the memo section on your check to designate the name of scholarship fund.