



Scholarship Establishment Form

I. SCHOLARSHIP NAME: _____ DATE: _____

II. SCHOLARSHIP CRITERIA: _____

Scholarship criteria must be in compliance with the Equal Protection Clause, Title VI of the Civil Rights Act, and Title IX of the Education Amendments of 1972 that Colleges and Universities must abide by and may not include race, ethnicity, national origin, citizenship status, sexual orientation, gender or gender identity, age, marital/parental status, and more.

Please check all that apply

- Academic Achievement – Minimum GPA required: _____
- Major (select all that apply):

<input type="checkbox"/> Arts, Language & Communication	<input type="checkbox"/> Athletics	<input type="checkbox"/> Rad Tech
<input type="checkbox"/> EATM	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Biology
<input type="checkbox"/> Business	<input type="checkbox"/> Society & Education	<input type="checkbox"/> No preference
<input type="checkbox"/> Nursing	<input type="checkbox"/> Technology & Science	<input type="checkbox"/> Other: _____
- Enrollment Type (select all that apply):

<input type="checkbox"/> Full-time student (12 or more units)	<input type="checkbox"/> Transferring to a four-year University
<input type="checkbox"/> Part-time student (minimum of 6 units)	
<input type="checkbox"/> Continuing at Moorpark College or any of the VCCCD campuses (Ventura & Oxnard)	
<input type="checkbox"/> Additional preferences*: _____	

*Though MCF does their best, I understand that they cannot guarantee that the recipient will meet my additional preferences.

(Initial here)

- Support will cover (select from following):

<input type="checkbox"/> General expenses	<input type="checkbox"/> Food & Hygiene
<input type="checkbox"/> Technology	<input type="checkbox"/> Tuition and Fees
<input type="checkbox"/> Housing	<input type="checkbox"/> Books
<input type="checkbox"/> Transportation	

III. AUTHORIZATION:

Donor Signature: _____ Date: _____



IV. **DONOR CONTACT INFO:** Please provide the following info for up to two individuals to receive correspondence from MCF about my fund including but not limited to financial statements, gift receipts, thank you letters from scholarship recipients, and event invitations.

Primary Contact Name: _____ Email*: _____ Phone Number: _____ Address: _____ _____ _____	Secondary Contact Name: _____ Email*: _____ Phone Number: _____ Address: _____ _____ _____
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*I understand that MCF will communicate with me primarily via email and agree to review and respond to correspondences accordingly.	_____ (Initial here)
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V. **SCHOLARSHIP WILL BE:**

☐ One-time only

☐ An Annual Award

VI. **PAYMENT INFORMATION:**

Gifts in support of this scholarship can be made by check or credit card:

- ☐ I would like to make my total annual gift of \$_____ by check made payable to the MC Foundation.
- ☐ I will make my total annual gift of \$_____ through my donor advised fund.
- ☐ I am open to other donors making contributions to my scholarship fund.

For Credit card transactions, scan the below QR code and choose "Scholarship or Fund" for the campaign.





VII. TERMS & CONDITIONS:

- Scholarships must be funded in full by January 31, 2024 for spring 2024 distribution.
 - Donors understand that if a scholarship is partially funded but not fully funded within two scholarship cycles, the funds will be rolled into the general scholarship fund.
 - Donors understand that a sustainability gift of 4% is charged to all restricted donations of \$1,000 - \$100,000 to sustain and strengthen ongoing professional operations.

- **AUTHORIZATION:**

Donor Signature: _____

Date: _____

MCF Chief Development Officer Signature: _____

Date: _____