



Office of Philanthropy

AMERICAN RIVER COLLEGE

4700 College Oak Drive • Sacramento, CA 95841

Office of Philanthropy Use Only

Process Date: _____

Initials: _____

SCHOLARSHIP ESTABLISHMENT FORM

Scholarship Name: _____

Number of scholarships: _____

Amount of scholarship(s): _____

Name and address of individual/organization establishing scholarship:

Contact Name: _____

Title: _____

Organization/Business Name: _____

Address: _____

Phone Number: Cell Home _____ E-mail: _____

Scholarship to be awarded: Annually One-Time Only

The Office of Philanthropy accepts this gift and agrees that the funds shall be used to award scholarship(s) to a deserving student or students meeting the following eligibility criteria.

Specific Course of Study: (Please select up to three from the attached list)

1. _____

2. _____

3. _____

This scholarship is to aid a student who: Will continue at ARC
 Is transferring to an accredited 4-year institution
 Either

Required Academic Standing

(minimum GPA is 2.0 unless otherwise stated) - check one: 4.0 3.5+ 3.0 2.5+ 2.0+

Enrollment Status: Part-time Full-time (12+ units) Either

Financial Constraints: Need based Need not considered N/A

Additional Application Requirements: _____

Annual scholarships must be renewed each year by the individual or organization. Notification will be sent each November requesting continued participation and intent to fund scholarship(s). The annual amount of the scholarship will be no less than \$500.

By the signature(s) below, we/I offer the scholarship as stated on this form.

SIGNED _____ DATED _____

SIGNED _____ DATED _____

SCHOLARSHIPS