

DONOR SCHOLARSHIP SPECIFICATIONS
REDLANDS COMMUNITY SCHOLARSHIP FOUNDATION

P.O. Box 1683, Redlands, CA 92373
(909) 307-9892 www.redlandsscholarships.org

This form must be returned no later than **November 1, 2017,**
for your scholarship to be considered for the current year student applications.

1. Name of Scholarship: _____

2. Contact Person (s):

(1) Name: _____ E-mail: _____
Address: _____ City: _____ ST: _____ Zip: _____
Home#: _____ Work # _____ Fax _____ Cell# _____

(2) Treasurer: _____ E-mail: _____
Address: _____ City: _____ ST: _____ Zip: _____
Home#: _____ Work # _____ Fax _____ Cell# _____

Average award amount is \$800, the recommended minimum award amount is \$300

(Please specify the school, the number of scholarships and dollar amounts. All funds are to be paid by the time of your recipient selection.)

_____ @ \$ _____ each to Citrus Valley High School (CVH)
_____ @ \$ _____ each to Grove High School (GHS)
_____ @ \$ _____ each to Orangewood High School (OHS)
_____ @ \$ _____ each to Redlands Adult School (RAS)
_____ @ \$ _____ each to Redlands eAcademy (REA)
_____ @ \$ _____ each to Redlands East Valley High School (REV)
_____ @ \$ _____ each to Redlands High School (RHS)

3. Please write a description below or attach a statement of qualifications for your scholarship:

4. **Selection of the recipient(s) is to be made by:**

Donor/Organization Representative: _____ RCSF Scholarship Committee _____
High School Counselor only: _____ Other: _____

5. Scholarship presentation at the Awards Programs(s) will be made by: _____

The Redlands Community Scholarship Foundation will approve the final recipient selection in cooperation with the donor(s). The scholarship will be paid as one total payment with verification of enrollment. All scholarship funds are due prior to the recipient selection.

Donor Signature _____ Date _____