

# Palomar College Foundation

## *Scholarship Donor Questionnaire*

Please respond to the following items and mark your preference.

1. **Scholarship Title/Name:**

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2. **Award Selection Criteria:**

a) Minimum Grade Point Average (GPA) at time of applying for award:

4.0 GPA (A)  3.5 GPA (B+)  3.0 GPA (B)

2.5 GPA (C+)  2.0 GPA (C)

b) Must have Financial Need:  Yes  No

c) Declared Major or Career Goal: \_\_\_\_\_

d) Other criteria (if any): \_\_\_\_\_

e) College status:

Entering (prospective student coming to Palomar College)

Returning to Palomar College

Transferring to a 4-year college

No Preference

3. **Selection Process:**

All scholarship recipients are selected by the Palomar College Scholarship Committee. This prestigious and dedicated group is comprised of Palomar College faculty and administrative members. However, you may request a certain Palomar College department to make the selection.

Please indicate your choice below:

Palomar College Scholarship Committee selects recipient

Specific Palomar College department selects recipient

(name of department and contact person)

4. **Award Disbursement:**

All scholarships are advertised and recipients are selected in the spring semester. Unless indicated, scholarships are paid or made available to recipients in the following fall semester. In addition, if the total scholarship award is over \$500, the award will be paid in two installments, ½ in the fall semester and ½ in the following spring semester.

a) At time of disbursement, recipient must be enrolled:

- Full-Time (at least 12 units)        $\frac{3}{4}$  Time (9-11 units)  
 Part-Time (less than 9 units)

b) At time of disbursement, recipient must have a continuing GPA of:

- 4.0 GPA (A)    3.5 GPA (B+)    3.0 GPA (B)  
 2.5 GPA (C+)    2.0 GPA (C)

**5. Award Funding Status**

- One Time award only  
 Awarded Annually  
 Endowment (only interest/gains earned may be awarded)  
 Please list amount of award: \_\_\_\_\_

**6. Other preferences or comments:**

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**7. Donor Contact:**

Name of Organization: \_\_\_\_\_  
Person's Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone/Email: \_\_\_\_\_

**THANK YOU!**

**Please return this completed form to:**

**Palomar College Foundation  
Attn: Kim Hartwell, Development Officer  
1140 West Mission Road, San Marcos, CA 92069  
(760) 744-1150 ext. 2664, FAX (760) 761-3517**