



Scholarship Agreement

Please complete this form and submit it to the Foundation for the Compton Community College District.

I. Donor Information

Title of Scholarship: _____

Awarding Individual/Organization: _____

Contact Person(s): _____

Address

City

State

Zip

Phone: _____ (Home) _____ (Mobile)

Email: _____

II. Scholarship Information

The scholarship is an Annual Gift, an Endowment, or a One-Time Donation.

Number of recipients per year: _____ Award amount for each recipient: _____

III. Scholarship Requirements

U.S. Citizen or Legal Resident. Citizenship is not a requirement.

Major area of study: Open Major: _____

Student must have a financial need: Yes* Not a requirement.

(*As determined by the Federal Government for financial aid purposes.)

Minimum college grade point average prior to awarding scholarship:

2.0 or higher 2.50 or higher 3.0 or higher 3.5 or higher

To receive the scholarship funds, students must enroll next year at: (check all that apply)

Compton College Four-Year College or University

Full-time (12 or more units) Part-time (6-11 units) Less than part-time (1-5 units)

Participating in _____ (categorical program)

IV. Notes and/or Additional Information:

V. Agreement

I have completed and reviewed this agreement and understand that this scholarship will be administered in accordance with the information provided in this document.

Print Name _____

Signature _____ Date _____

Received By:

Foundation Representative _____ Date _____

Title _____

Compton College IRS # 95-6004983 Foundation Compton CCD IRS # 27-0340685

Updated 04/2024