A non-profit corporation formed to encourage gifts and scholarships for Napa Valley College



Scholarship Program DONOR INFORMATION & DESIGNATION

Title of Scholarship:	I prefer to charge: ☐ Visa ☐ MasterCard
	Account #
Contribution: \$	Exp. Date:
Make checks payable to NVCF	Cardholder Name:
	Billing Address:
Scholarship Criteria:	Signature:
To guide the Scholarship Committee in its selection of the best qualified recip preference of selection. Whenever possible, the Foundation encourages done all deserving students qualify for consideration.	
No Criteria. I authorize the Scholarship Committee to select a deservi	ng student to receive this scholarship
OR identify your ranked priorities (#1, #2, #3, #4 below):	
Academic Achievement (Grade Point Average of 3.5 or better)	Service to school/community
Financial need (documentation managed by NVC Financial Aid Office)	Academic major/career goal*
*Please specify:	
Designated use of award funds (please check ALL that apply):	
☐ Tuition, fees and books	
☐ Basic living expenses such as shelter, food, clothing, transportation	on, and medical care (used at student's discretion)
	,
Donor Name:	Phone:
Address/City/St/Zip:	
E-mail:	
Oire-thur-	
Signature	Date
If you have any questions, please contact the NVC Foundation at (707) 256-7	170.
Federal law prohibits discrimination in the granting of scholarships or financial assistatives, or qualify under AB 540 criteria. Scholarships may be awarded to entering, contime in the future, it becomes impossible to meet the criteria in this agreement, the Foundation reserves the right to	ntinuing or transferring Napa Valley College students. If, at some dation board shall redirect all interest and income to a purpose that
For NVCF Office Use Only	
Circle One: Endowment Non-endowment Criteria & Fund code:	Year to Award Scholarship:
Received and agreed to by NVCF Executive Director	Date Received
9/2016	Napa Valley College Foundation – Federal Tax ID #23-7003565