	ORANGE COAST COLLEGE Scholarship Donor Form
Ċ	SCHOLARSHIP DONOR FORM

Do not use			
	EMAIL	PRINT	

Scholarship Name			
Donor's Name Selection Criteria	Selection Criteria		
Organization	-		
Address	-		
City, State, ZIP	-		
Daytime Phone			
Email address/FAX			

## **SELECTION PROCESS**

We will select recipients from applications that the students have returned to us.

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Send qualified applications so we can select the recipient(s).

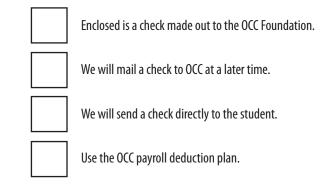
Have the OCC Scholarship Committee select recipient(s).

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Have the following instructor / department select recipient(s). Instructor name: \_\_\_\_\_\_

## FUNDING

Amount of Scholarship: \$\_\_\_\_\_



Please provide a brief description of your scholarship for inclusion in the next Donor Booklet (Limit 150 words).