

AWARD CREATION FORM

THE LOS ANGELES CITY COLLEGE FOUNDATION IS A 501(C)(3) CORPORATION DEDICATED TO PROVIDING THE STUDENTS AND FACULTY AT LOS ANGELES CITY COLLEGE WITH EDUCATIONAL ASSISTANCE IN THE FORM OF FINANCIAL AID, FACILITIES AND SERVICES.

1. Name or designation of award:

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2. State the purpose of the award:

3. Amount of donation: \$ _____

4. Award qualifications:

Minimum G.P.A. _____

Specific Major

Minimum Semester Units _____

Univ. Transfer Student

Maximum Semester Units _____

Essay Required

Other qualifications

**Award qualifications must follow Educational Code 35316 which states, " An applicant for a loan from the fund shall make application therefore in accordance with reasonable rules and regulations established by the governing board of the school district, provided that such rules and regulations shall not include any conditions limiting eligibility on account of race, creed, or country of origin".*

5. Awards are to be awarded (please check/fill in the appropriate lines):

Fall Semester: _____ Spring Semester: _____ Both: _____

Number of awards to be given per semester: _____

Please specify the amount to be given per semester per award: \$ _____

Can the LACCF specify a different amount if necessary? _____

L A C C F o u n d a t i o n : A w a r d C r e a t i o n F o r m

This is an un-endowed scholarship award that will be awarded each year until the funds are depleted. Therefore:

The funds associated with the award will not be invested but kept in a liquid account as to ensure proper distribution.

In order for the award to be dispersed continually on a yearly basis the donor must replenish the funds periodically.

This document may be amended with the unanimous agreement of the Chair and faculty of the department or program named in line 6 of this document with the approval of the Executive Director of the Los Angeles City College Foundation.

Please indicate your agreement by initialing this space: _____

All checks or properties should be made payable to:

LOS ANGELES CITY COLLEGE FOUNDATION or LACC FOUNDATION

Title: Dr. Mr. Mrs. Ms. (circle one)

Donor's Name:

(Please print) First Name Middle Name Last Name

Donor's Signature Date

Address City, State & zip code

Social Security Number Telephone Number

L A C C F o u n d a t i o n : A w a r d C r e a t i o n F o r m

Donation Accepted by:

Executive Director, LACC Foundation

Date