



SCHOLARSHIP 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 scholarship:

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2. State the purpose of the scholarship:

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3. Amount of donation: \$ _____

4. Scholarship 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. Scholarships are to be awarded (please check/fill in the appropriate lines):

Fall Semester: _____ Spring Semester: _____ Both: _____

Number of scholarships to be given per semester: _____

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

L A C C F o u n d a t i o n : S c h o l a r s h i p C r e a t i o n F o r m

L A C C F o u n d a t i o n : S c h o l a r s h i p C r e a t i o n F o r m

*This is an endowed scholarship that will be awarded each year, therefore:
The Board of Directors of LACCF will invest the funds donated.
The scholarship award is based upon interest income earned on the invested principal.
The scholarship may experience interruption in its yearly distribution due to market conditions.
The LACCF may apply an annual 5% administrative fee from interest income.
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:

_____	_____	_____	_____
<i>(Please print)</i>	First Name	Middle Name	Last Name
_____	_____		_____
Donor's Signature			Date
_____	_____		_____
Address			City, State & zip code
_____	_____		_____
Social Security Number			Telephone Number

Donation Accepted by:

_____	_____
Executive Director, LACC Foundation	Date