Scholarship Donor Form

Do nots	æ	
E	EMAIL	PRINT

Scholarship Name		
Donor's Name Selection Criteria Oganization	Selection Criteria	
Addres <u>s</u>		
Oty, State, ZIP		
Daytime Phone		
Email address/FAX		
SELECTION PROCESS	FUNDING	
We will select recipients from application students have returned to us.	he maunt of Scholarship: \$	
Send quali ed applications so we can se recipient(s).	We will mail a check to OCC at a later tim	ndat
Have the OCC Scholarship Committee s	We will send a check directly to the stude	
Have the following instructor / departme recipient(s). Instructor name:	t Use the OCC payroll deduction plan.	
Please provide a brief description of your scholarship f	for inclusion in the next Donor Booklet (Limit 150 words).	