



## Recommendations for Scholarships

### Attestation

Scholarship Fund Name: \_\_\_\_\_ Fund Number: \_\_\_\_\_

We, the scholarship committee for the above fund, recommend the following awards to the North Carolina Community Foundation. We understand that, in order to comply with IRS guidelines, the Foundation approves and appoints all members of this scholarship committee and advice is given solely as a member of the committee. We certify that neither the Donor of the fund nor any parties related to the Donor control the committee directly or indirectly. We acknowledge the following awards were selected on an objective and nondiscriminatory basis using criteria approved in advance by the NCCF Board. We certify that every qualified student had access to information about this scholarship, scholarship award criteria has been met by the selected students, and no committee member has a conflict of interest, will gain any benefit, or is related to the recipient. The committee agrees to treat as confidential all information provided during the scholarship process, including academic, financial, and personal information, and understands this information is not to be used for any purpose other than the confidential scholarships award process.

\_\_\_\_\_  
Signature of Scholarship Administrator

\_\_\_\_\_  
Name of Scholarship Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Phone:

\_\_\_\_\_  
Administrator Email:

### Scholarship Award Recommendations

Student Name	Ranking	Award Amt*	Type of Award (check one)	NCCF Office Use Only	
				Award #	Authorization
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		
			New this Year <input type="checkbox"/> Renewal <input type="checkbox"/>		

\*Minimum scholarship award is \$1,000; awards will be divided by the college equally across fall and spring semesters.

(If applicable) In the event any students cannot accept their award, the following alternates were identified:

Student Name (Alternates)	Award Amount

# Scholarship Committee Meeting Minutes

## Committee Member Attendance

Date of Meeting: \_\_\_\_\_

List ALL Committee Members Invited to Attend:

Note Attendance for Each:

_____ Name	_____ Title	_____ <i>Attended</i>	_____ <i>Did Not Attend</i>
_____ Name	_____ Title	_____ <i>Attended</i>	_____ <i>Did Not Attend</i>
_____ Name	_____ Title	_____ <i>Attended</i>	_____ <i>Did Not Attend</i>
_____ Name	_____ Title	_____ <i>Attended</i>	_____ <i>Did Not Attend</i>
_____ Name	_____ Title	_____ <i>Attended</i>	_____ <i>Did Not Attend</i>
_____ Name	_____ Title	_____ <i>Attended</i>	_____ <i>Did Not Attend</i>
_____ Name	_____ Title	_____ <i>Attended</i>	_____ <i>Did Not Attend</i>

## Meeting Details

**REQUIRED** In selecting these applicants, the committee used the following criteria/rationale:

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**REQUIRED** Note other discussion items, including any conflicts of interest and how they were resolved: (If there were no conflicts of interest, please note that below.)

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**NOTE:** If you received any supplemental application items, or if paper applications were submitted, they must be included with this form in order to be considered for awards.

Please return this form to NCCF by May 31, 2024 via email: [scholarships@nccommunityfoundation.org](mailto:scholarships@nccommunityfoundation.org)  
Questions? Email [scholarships@nccommunityfoundation.org](mailto:scholarships@nccommunityfoundation.org) or call 919-828-4387.