Scholarship Selection Committee Roster and Report

Name of Scholarship: _____ **Meeting Date** _____

Conflict of Interest: Stark Community Foundation abides by a Conflict of Interest Policy and tax laws. These prohibit any committee member with a significant relationship (direct or indirect, familial, business, or any other kind) to a scholarship applicant from participating in or influencing the decision on that application. Family members of committee members are prohibited from receiving a scholarship award.

Confidentiality: Scholarship committee members will come into possession of information from applications and other documents supplied by staff or outside sources, especially applicant financial and scholastic information. This sensitive information must not be revealed to anyone else, and committee members are expected to maintain that confidentiality.

By signing your name below, you are accepting and adhering to Stark Community Foundation's Conflict of Interest and Confidentiality Policies. You also are attesting that to the best of your ability the information given on this form is true and correct. I certify that the Selection Committee has followed the criteria and procedures governing this/these award(s).

Committee Contact Information

Chair

Name _____

Address _____

_____

Phone _____

Email _____

Title/Affiliation _____

Signature _____

Committee Member

Name _____

Address _____

_____

Phone _____

Email _____

Title/Affiliation _____

Signature _____

Committee Member

Name _____

Address _____

_____

Phone _____

Email _____

Title/Affiliation _____

Signature _____

Committee Member

Name _____

Address _____

_____

Phone _____

Email _____

Title/Affiliation _____

Signature _____

Name of Scholarship: _____ **Meeting Date** _____

The Selection Committee's recommendation to Stark Community Foundation's Board of Directors is to award this scholarship to the following student(s). Note: if your scholarship fund's application process was offline, you must submit the student(s) complete application(s) with this form.

Name of Student	Award Amount

Name of Student	Award Amount

Total Award Amount _____

Return by May 15 to:

Stark Community Foundation • 400 Market Avenue North, Suite 200 • Canton, Ohio 44702
scholarships@starkcf.org • 330-454-3426

S.P. (Internal Use Only) _____

Renew (Internal Use Only) Yes / No