



# Scholarship Form

## Award Details:

Scholarship Name:

Grossmont College

Cuyamaca College

Semesters to Award:

Semesters to Award:

Award Amount:

Award Amount:

# of Awards Per Semester:

# of Awards Per Semester:

Total Amount  
Awarded Each Year:

Total Amount  
Awarded Each Year:

## Selection, Criteria, and Requirements:

Major or Field of Study:

Minimum Units  
Completed:

Minimum  
GPA:

Minimum Current  
Units Enrolled:

Additional Criteria:

## Scholarship Donor Information:

Name:

Company Name:(If  
Applicable)

Address:

City:

State:

Zip:

Phone:

Email:

Please make the check payable to "Foundation for Grossmont & Cuyamaca Colleges" or "FGCC". In the memo section, please list the name of the Scholarship.

By signing this form, you are agreeing to the terms and conditions of the FGCC Scholarship programs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_