



Contact Information:
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New Haven Schools Foundation
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New Scholarship Information

Scholarship Amount: _____

Name of Scholarship: _____

(Example: John Smith Memorial Scholarship, Tri-CED Recycling Scholarship, etc.)

Please describe your organization and/or the reason why you have established this scholarship.

Selection Criteria / Scholarship Qualifications (See examples):

1. _____
2. _____
3. _____
4. _____
5. _____

Contact Information:

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____

Email Address: _____

Who will review the applications and select your scholarship recipient? Provide names and email addresses, if known.

Scholarship recipients will be selected by the Foundation unless specified on this form. You may have multiple reviewers.

If a reviewer has a close personal relationship with an applicant, the reviewer should abstain from the review process that year.

I certify that reviewers of applications for this scholarship shall abstain from participation if they have a close personal relationship with any applicant.

Please PRINT a copy of this form for your records. You may submit the form online, or send it to the Foundation by mail, email, or fax. Scholarships will be announced and offered to students early in the year. Payment for your scholarship must be received by the date of the announcement to be included. Deadlines will be published each school year when the timeline is established.