



3700 Sixth Street, Suite 200
Riverside, CA 92501
(v) 951-241-7777 (f) 951-684-1911
www.thecommunityfoundation.net

Donor Advised Scholarship Form

Fund Name: _____

Date: _____

Donor Advisor: _____

As a donor advisor to The Community Foundation, I recommend the following grant(s) from the above-named fund. I certify to The Community Foundation that this recommendation is not payment of, or otherwise related to, any pledge or other financial obligation of the undersigned and that I will not receive, nor will any member of my family receive, nor will any entity in which I or any of my family members owns a 35% or greater interest receive, any benefit, of any nature, directly or indirectly, from the charitable distribution(s) or organizations(s) recommended to receive the grant(s). I further certify, to my best knowledge, that no substantial donor to the fund, nor any family member of such donor, nor any entity in which such a donor or such a family member owns a 35% or greater interest, will receive any benefit of any nature, directly or indirectly, from the charitable distribution(s) or organizations(s) recommended to receive the grant(s). Additionally, I certify that this grant recommendation will not benefit individuals. Further, I understand that the final judgment on recipients and awards rest with the Board of Directors of the Foundation.

Signature: _____

Date: _____

A copy of the letter to the grantee will be sent to you for your records. Please allow 7-10 days for your request to be processed.

Please send or fax the completed forms to:

Celia Cudiamat, Executive Vice President of Programs
The Community Foundation Serving Riverside & San Bernardino Counties
3700 Sixth Street, Suite 200, Riverside, CA 92501
Fax: 951 684-1911 Voice: 951 241-7777

Office use only:

Received: _____

Staff Initials: _____

Amount of Award:

Name of Recipient:

Student ID:

- or -

(Student ID)

Last 4 digits of Soc.Sec.#

Permanent Address:

Daytime Phone #:

Cell or Alt Phone #:

Contact Person:

Phone #:

(Family Member or Guardian)

College or University:

Address:

(Student Services/Financial Aid or other department)

Street Address:

City, State, Zip

Contact at Financial Aid:

Contact Phone Number:

Special Instructions:

Please send cover page and recipient information page(s) to Celia Cudiamat, Executive Vice President of Programs at the above address or fax to 951-684-1911.

Thank you for establishing a donor-advised fund at The Community Foundation. Please use this form(s) to recommend grants and scholarships from your fund. For staff assistance, please call the Foundation office at (951) 241-7777.

The Foundation may request information from the recommended organization(s). If your recommendations are approved, we will send grant award letters and checks to the recipients. Should the Foundation have any questions about your recommendation(s), a staff member will contact you.