

## Supporting Student Success through Scholarships 2025-2026 Scholarship Donation Form

## SCHOLARSHIP SUPPORT

	□Principal	\$	(will be added to invested fund)
	□Spendable	\$	(will be awarded this scholarship season)
□E:	xisting Scholarship	o– Name of Fund	:
□G	eneral Scholarshi	p– Funds will be	used to support general student scholarships
[]*[]	New Scholarship/*	**Endowment – P	Please complete the section below.
*Ne	w Scholarship/*Er	ndowment Name	:
(nan	ne maximum is 33	characters, inclu	uding spaces)
	□*New Name	ed Scholarship	$\square$ **New Endowed Scholarship
	Criteria Requir	ements (ex: mini	mum GPA, financial need, specific major or program)
			t of \$1,000 required to establish new named scholarships.
			upport for Saddleback College students. To establish an total <b>\$25,000 within three years</b> . Once the minimum balance
			one full year before any scholarship payouts are made.

TOTAL GIFT AMOUNT \$\_\_\_

## **CONTACT INFORMATION**

$\Box$ Gift is from an individual			
$\Box$ Gift is from an organization			
Donor/Organization Name:			
Scholarship Representative Nam	ne (if different from donor r	name)	
E-mail Address:			
Mailing Address:			
City:	State:	Zip:	
Phone Number(s):			
□Home			
Cell			
PAYMENT INFORMATION			
I would like to pay \$	by:		
$\Box$ Credit card: $\Box$ Visa	□ MasterCard	□ American Express	
Credit Card Number:			-
Expiration Date:	CVC Code:		
Billing Address (if different from r	mailing address):		
City:	State:	Zip:	
Signature:		Date:	
$\Box$ Using payroll deduction (SOC	CCD staff only) – please se	end payroll form to Foundatio	n office
$\Box$ Check (enclosed)			
Please make all checks out to <b>Sadd</b>	leback College Foundation	,	
Please send all scholarship forms to Saddleback College Foundation, 28000 Marguerite Parkway Mission Viejo, CA 92692			
🗆 Online Payment – please use	QR code below		

