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| Please list the criteria used to select scholarship recipients *(e.g.,* *financial need, GPA, school activities, athletics*) |
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| Please describe the process used to select scholarship recipients in detail (*e.g., applications are posted on website, applications are made available through the school’s guidance office, applications are screened and ranked by guidance counselors, finalists are interviewed by Selection Committee*) |
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| --- | --- |
| Name of Committee Member  | Relationship to Donor (e.g., none, relative, employee) |
|  |  |
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I certify that the Scholarship Selection Committee is in compliance with the Pension Protection Act of 2006 as indicated below:

* all scholarship recipients are selected on an objective and nondiscriminatory basis using the selection criteria and process outlined above; and
* donors, and parties related to the donor, do not control the selection committee directly or indirectly.

Printed Name

Selection Committee Chair or Authorized Representative

Signature Date

Return this form to: