

**CHICO COMMUNITY SCHOLARSHIP ASSOCIATION**  
**P.O. Box 7299 | Chico, CA | 95927-7299**  
**SUSAN McVICKER-WEVER - PRESIDENT | VOICEMAIL- (530) 715-0066**  
**EMAIL- INFO@CHICOSCHOLARSHIPS.ORG**  
**TAX ID #23-7056599**

For CCSA use: DB ____ QB ____ TY ____
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NAME: \_\_\_\_\_  I WOULD LIKE TO REMAIN ANONYMOUS  
 (PLEASE COMPLETE, AS YOU WOULD LIKE TO BE RECOGNIZED IN OUR DONOR LIST. YOUR PERSONAL INFORMATION IS KEPT CONFIDENTIAL)

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

THIS GIFT IS  IN MEMORY OF  A TRIBUTE TO: \_\_\_\_\_

PLEASE SEND ADDITIONAL ACKNOWLEDGEMENT TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Please help us reach our goal to fund scholarships for  
 100% of qualified applicants in spring 2024!**

<p>ENCLOSED IS MY CHECK PAYABLE TO: <u>CHICO COMMUNITY SCHOLARSHIP ASSOCIATION</u></p> <p><b>GIFT AMOUNT:</b></p> <p><input type="checkbox"/> \$50    <input type="checkbox"/> \$100    <input type="checkbox"/> \$250    <input type="checkbox"/> \$500    <input type="checkbox"/> \$750    <input type="checkbox"/> \$1,000    <input type="checkbox"/> OTHER \$</p>
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**I WOULD LIKE MY CONTRIBUTION TO GO TO:**  
 (IF NOTHING IS SELECTED, YOUR CONTRIBUTION WILL GO TO THE CCSA GENERAL SCHOLARSHIP FUND)

<input type="checkbox"/> <b>NEW NAMED SCHOLARSHIP</b>	NAME: _____ USE MY DONATION TO CREATE THE ABOVE NAMED SCHOLARSHIP. MINIMUM DONATION = \$1,000
<input type="checkbox"/> <b>ESTABLISHED NAMED SCHOLARSHIP FUND</b> <i>SEE COMPLETE LIST IN NEWSLETTER</i>	NAME: _____ ADD MY DONATION TO THE ABOVE NAMED FUND. DONATIONS OF ANY AMOUNT ARE WELCOME.
<input type="checkbox"/> <b>CCSA GENERAL SCHOLARSHIP FUND</b>	FUNDS ARE DISBURSED AS SCHOLARSHIPS IN THE NAME OF CCSA AND ARE USED FOR GENERAL OPERATION OF CCSA. DONATIONS OF ANY AMOUNT ARE WELCOME.
<input type="checkbox"/> <b>CCSA GENERAL ENDOWMENT FUND</b>	INCOME IS DISTRIBUTED AS SCHOLARSHIPS ON AN ANNUAL BASIS. DONATIONS OF ANY AMOUNT ARE WELCOME.
<input type="checkbox"/> <b>NEW ENDOWMENT FUND</b>	PLEASE CONTACT ME REGARDING CREATION OF AN ENDOWED SCHOLARSHIP FUND OR LEGACY GIVING.

**IF YOUR GIFT IS RECEIVED BY MARCH 1, 2024 IT WILL PROVIDE SCHOLARSHIPS THIS SPRING, 2024**  
**PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR CHECK TO:**  
**CHICO COMMUNITY SCHOLARSHIP ASSOCIATION | P.O. BOX 7299 | CHICO, CA | 95927-7299**

**ONLY TO BE COMPLETED BY DONORS CONTRIBUTING \$1,000 OR MORE:**

YOU MAY PARTICIPATE IN THE SCHOLARSHIP SELECTION PROCESS, IN AN ADVISORY CAPACITY. PLEASE INDICATE HOW YOU WISH TO BE INVOLVED:

**SCREENING NIGHT – \*APPLICATIONS WILL NOT BE AVAILABLE AFTER SCREENING NIGHT** YES  NO   
**FEB. 15, 2024 LOCATION & TIME TBA**

**I/WE WOULD LIKE TO INTERVIEW APPLICANTS-** YES  NO   
**MARCH 12, 13, 14, 2024 LOCATION & TIME TBA**

**I /WE WOULD LIKE TO PRESENT MY/OUR SCHOLARSHIP AT THE HIGH SCHOOL AWARD NIGHT** YES  NO   
**AWARD NIGHT DATES: MID TO LATE MAY, 2024 - LOCATION & TIME TBA**

**SELECTION CRITERIA:**

DO YOU HAVE ANY QUALIFICATIONS FOR THE RECIPIENT? YES  NO

IF SO, PLEASE RANK IN ORDER OF PREFERENCE WITH "1" BEING MOST PREFERRED:

MAJOR FIELD OF STUDY (SPECIFY):

GPA (SPECIFY MINIMUM):

GRADUATING FROM THE FOLLOWING HIGH SCHOOL OR SCHOOLS:

- CHICO HIGH SCHOOL       CORE-BUTTE CHARTER SCHOOL       FAIR VIEW HIGH SCHOOL  
 INSPIRE HIGH SCHOOL       OAK BRIDGE HIGH SCHOOL       OAKDALE HIGH SCHOOL  
 PLEASANT VALLEY HIGH SCHOOL       ANY OF THE ABOVE

FINANCIAL NEED

COMMUNITY/SCHOOL INVOLVEMENT

CAREER GOALS (SPECIFY):

LEADERSHIP:

OTHER:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Your donation makes a world of difference. Thank you so much for your support.*

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