

IMPORTANT INFORMATION

Scholarship Selection Guidelines
&
Recipient Notification Process

2021

Scholarship Selection

The selection of applicants is the most rewarding and important aspect of the scholarship process, but it can also be the most intense as it requires a great deal of time, scrutiny, and attention to detail. The scholarship caretakers, responsible for facilitating and managing the selection process for the Community Foundation's externally managed scholarship funds, are vital to the success of the scholarship program.

Scholarship Caretaker Roles and Responsibilities

In accordance with Internal Revenue Service regulations, **the scholarship caretaker must assure the Community Foundation of a fair distribution of funds based on a process that allows for fair competition.**

All scholarship programs are established for a broad charitable class and the selection process must be objective and nondiscriminatory. In addition, no donor, member of the selection committee, or anyone related to the scholarship fund's advisors, can receive any material benefit from any award distributed from the fund. Once scholarship decisions are made, the scholarship caretaker is responsible for notifying the Community Foundation.

Selection Committees and Processes

The selection committees for all scholarship funds at the Community Foundation are appointed and approved by the Foundation. In some cases, members may also be recommended by the donor. The committee that reviews applications and selects recipients must reflect the committee that is detailed in the Scholarship Description. Scholarship fund donors and parties related to the donor, including, but not limited to relatives, friends, and employees, may serve on the selection committee, but they may not directly or indirectly control the committee or have a majority vote. Additionally, donors and related parties may not receive an award or any other benefit.

Donors are defined as any individual, family, organization, group, or company that establishes or contributes to a scholarship fund. **Related parties** are the immediate and extended family of the donor and their employees, advisors, attorneys, official delegates, etc. Employer-Related Scholarships are permissible as long as specific requirements are met, including meeting the percentage test (e.g., no more than 25 percent of eligible applicants considered by the selection committee are chosen).

Submitting Recipient Information

The notification form will not be moving to an online platform this year. Please complete and return the 2021 Recipient Notification Form. If you have any questions or concerns, please email them to scholarships@racf.org.

IMPORTANT: There is no specific deadline to complete the notification form; however,

- Notification should be provided in a timely manner and in accordance with the scholarship description.
- **Notification forms must be received prior to announcing recipients or sharing award information,**
- If an award packet is requested to be distributed at an award ceremony or graduation, the **notification and request must be received a minimum of three weeks before the date needed** unless special arrangements have been made.

Scholarship Application Storage

Awarded student applications must be kept on file for seven years after the grant period or a total of eight years, and then shredded. **Declined student applications must be kept on file for three years** after the grant period or a total of four years, and then shredded. These applications must be kept **confidential and secure**. If you are currently responsible for saving the applications and cannot maintain them according to these guidelines, please send the applications to the Community Foundation Scholarship Office at 500 East Avenue, Rochester, NY 14607.

Find this information and access vital links at www.racf.org/ScholarshipAdmin.

Questions?

Email Lori Banning, scholarship and grants associate, at scholarships@racf.org.

Recipient Notification

Follow the link found at www.racf.org/ScholarshipAdmin (under the heading “Submitting Recipient Information”). Click “Apply” to begin the form. *Note the form by default is called an application. Be advised that a separate form will need to be created for each scholarship that you are facilitating on behalf of the Community Foundation; however, only one form can be added to your cart at a time.*



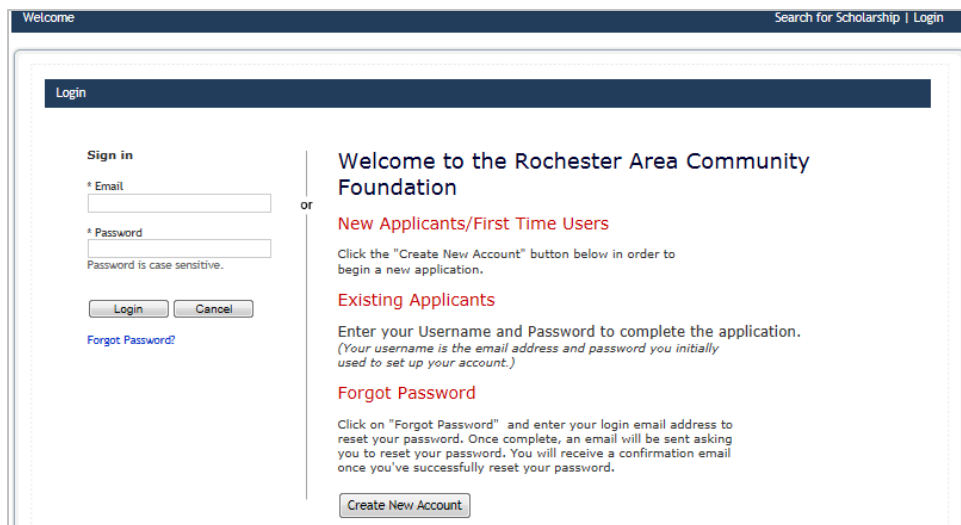
Recipient Notification Form (FOR ADMIN USE ONLY)

Begin Accepting Applications
Date:
1/01/2019

Deadline Date (EST Time Zone):
12/31/2019 11:59 PM

Apply

Log in or create an account. Each Scholarship Caretaker will require a unique email that will become his or her User ID moving forward.



Welcome Search for Scholarship | Login

Login

Sign in

* Email

* Password

Password is case sensitive.

Login Cancel

[Forgot Password?](#)

Welcome to the Rochester Area Community Foundation

New Applicants/First Time Users

Click the "Create New Account" button below in order to begin a new application.

Existing Applicants

Enter your Username and Password to complete the application.
(Your username is the email address and password you initially used to set up your account.)

Forgot Password

Click on "Forgot Password" and enter your login email address to reset your password. Once complete, an email will be sent asking you to reset your password. You will receive a confirmation email once you've successfully reset your password.

Create New Account

The form will be added to your cart. Choose “Apply” to begin.



Search My Applications My Interest Cart

Application Fund Details

Recipient Notification Form (FOR ADMIN USE ONLY)

Begin Accepting Applications
Date:
1/01/2019

Deadline Date (EST Time Zone):
12/31/2019 11:59 PM

Apply

In Cart

Enter the name of the scholarship and click “Apply.” *This step is to help differentiate multiple submissions and is especially important if you are responsible for completing the notification form for more than one scholarship.*

Start a New Application

This application allows you to submit multiple requests for funding. In order for you to keep track of which project or request please create a name for your request under the description box below.

Description :

Apply Cancel

Complete each of the sections in the application to 100 percent. *Once the number of recipients is indicated under the Selection Process, the Recipient Information section(s) will appear.*

Section	Progress	Deadline
Contact Information	100%	12/31/2019 11:59 PM
Selection Process	10%	12/31/2019 11:59 PM
Recipient 1 Information	0%	12/31/2019 11:59 PM
Recipient 2 Information	0%	12/31/2019 11:59 PM
Recipient 3 Information	0%	12/31/2019 11:59 PM
Recipient 4 Information	0%	12/31/2019 11:59 PM
Recipient 5 Information	0%	12/31/2019 11:59 PM

Begin the process by completing the Contact Information section. *This is the Scholarship Caretaker information. Note that once this information is entered, it can be imported into new applications by clicking on the “Choose Action” drop down on the top left of the screen.*

Contact Information

*First Name: Scholarship

*Last Name: Caretaker

*Title: Facilitator

*Name of School/Group/Organization/Other: Community Foundation



*Phone: 123-456-7890

Save Save & Return to...


Complete the Selection Process information section. This section includes the name of the scholarship, selection meeting information, committee membership, and certification.


Selection Process: Choose the Scholarship Title from the drop-down list. If the award will be presented at the awards night or graduation ceremony, enter the date of the ceremony (used for the printed materials) and the date needed (target date for the pieces to be in hand).

From the drop-down list please select the name of the Scholarship Fund that this form pertains to:

*Name of Scholarship:  


If the award will be distributed at the awards night or graduation ceremony, please indicate below the date of the ceremony and date the materials are needed.

Date of Award Ceremony: 
Please click on the calendar icon to enter date in (mm/dd/yyyy e.g., 01/04/2019 format).

Date Needed: 
Please click on the calendar icon to enter date in (mm/dd/yyyy e.g., 01/04/2019 format).

Selection Meeting Information: Enter the selection meeting information.

Selection Meeting Information

*Date of Selection Meeting: 
Please click on the calendar icon to enter date in (mm/dd/yyyy e.g., 01/04/2019 format).

*Type of Process: Application Nomination

*Number of Applications/Nominations Received:

*Number of Recipients Selected:

Committee Members: Enter the committee member information. There are enough spaces for up to 15 committee members.

Committee Members

Please select one descriptor from the list below that **best** described the committee members who participated in the review and selection process (be sure to review the committee criteria in the scholarship description):

*Committee Member Name 1:

*Link to Committee:

Specify Organization/Position/Subject Field:

*Add another committee member? Yes No

Certification: Certify that an open, fair, and equitable process was used to select the student(s).

I certify that

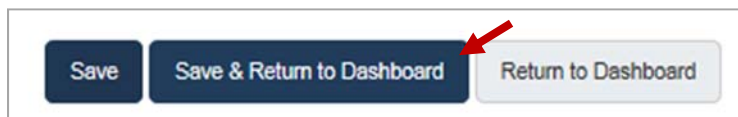
- an open, fair, and equitable process was used to select the student(s),
- the **criteria** of the scholarship as determined by the donor and the Community Foundation were fully met,
- no members of any recipient's immediate family participated in the selection process (**HR4**) and
- no fund donor or related party directly or indirectly controlled the scholarship selection process (**HR4**).
- Additionally, the selection process adhered to the provisions of an **employer related scholarship**.

*Agree to the above certification: Yes

*Signature:

Enter your name as "Scholarship Student" to Confirm your Electronic Signature.

Click "Save & Return to Dashboard."



Enter each recipient's contact information, school, and award details.

Recipient Information

Title: Ms. Mr. Other

***First Name of Recipient:**

Middle Name of Recipient:

***Last Name of Recipient:**

Racial/Ethnic Background: (Check all that apply)

<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Other		

***Home Street Address:**

***City:**

***State:**

Click "Save & Return to Dashboard."

Click "Submit" when the form is complete.