

CENTRAL OKANAGAN BURSARY AND SCHOLARSHIP SOCIETY

Telephone 250 861 4980

email: cobss@shaw.ca

316 - 3001 Tutt Street Kelowna BC V1Y 2H4

www.cobss.sd23.bc.ca

Dear Donor:

To ensure that award allocations are consistent with your wishes, please provide the following information.

NAMING YOUR DONATION:

Designation as bursary/scholarship or award determines the primary criteria for allocation.

- Option A: Bursary If you name your donation a bursary, COBSS will consider the primary criteria to be a <u>need for</u> **financial assistance**.
- Option B: Scholarship If you name your donation a scholarship, COBSS will consider the primary criteria to be academic, sports or other achievements.
- Option C: Award If you name your donation an award, COBSS will consider the primary criteria **to be any criteria which the donor specifies**.

Now that you have determined the designation for your donation, please enter it on the donor contract. For example: Okanagan Opera Singers <u>Bursary</u> or Okanagan Opera Singers <u>Scholarship</u> or Okanagan Opera Singers <u>Award</u>.

ESTABLISHING CRITERIA FOR YOUR DONATION:

Once you determine the name of your donation, please list the primary criteria on the donor contract. Then list all other criteria, in order of priority you wish to be considered, for allocation purposes. Examples of other criteria are: potential for his or her chosen field, citizenship and involvement within school and community, membership in the donor's organization.

All funds donated become the property of COBSS and donors agree to the policies pertaining to the distribution of funds. To be consistent in awarding funds students MUST contact COBSS only and the policies of COBSS will be adhered to. It is further understood that bursaries/scholarships/awards will be awarded to students in full-time attendance at an accredited post-secondary educational institution recognized by the Society in September of their graduation year. Selection of recipients will be made by the COBSS Allocation Committee. The selection will be guided by the criteria and instructions provided by the donor. Donors may be consulted during the allocation process to assist allocators in finding best qualified candidates. To qualify for consideration, a student must provide COBSS with a complete COBSS application.

Please note that if there has been no contact from your organization for more than two years, COBSS has the sole discretion in allocating any remaining funds.

Thank you for consideration of this information in completing your donor contract and your continued support of Central Okanagan students.

Yours truly,

Anne Pistawka

Lisa Mayne

Anne Pistawka, President

Lisa Mayne, Administrative/Financial Assistant



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NEW DONOR CONTRACT

(Please read letter before completing contract))

| Name of Bursary/Scholarship | /Award | | | |
|--|---|---|--|--|
| Definitions – Bursary – need for fir | nancial assistance Scholarship - | - academic, sports, other a | chievement Award – any criter | ia the donor specifies |
| here for the sole purpose of awardi graduating from member seco Okanagan to further the selec receipts only in the name of th | ondary schools within the sted student(s)' post-secon | larships/awards in th Central Okanagan P ndary education. Cl | e amount ofe Public Schools boundarie RA regulations require c | each to assist students es in the Central charities to issue official |
| The completed contract is ne Please return this contract, to your commitment to the education | gether with your chequ | e payable to COBS | | |
| Participating Schools – Central S | school, eSchool23, George E | Elliot, Kelowna Seconda | ary, Mount Boucherie, Oka | nagan Mission, Rutland |
| Senior Aberdeen Hall Preparatory, Anse Okanagan Christian School. | -au-sable, Flex Academy, H | eritage Christian Onlin | e, Immaculata Regional, K | elowna Christian, |
| Please specify: Specific School(s) please list: | | All Schools | S Only Central Okana | agan Public Schools |
| Criteria - (be brief and speci | ific) | | | |
| | | | | |
| PLEASE CHECK (√) APPLICABLE Bursary/Scholarship/A | ITEMS Award to be Revie | ewed Annually or | Trust Account (m | inimum \$5,000) |
| Please indicate if you | wish to be consulted as a | a donor during the al | location period | Yes No |
| All monies granted me | ust comply with CRA char | rity rules, policies an | d guidelines. | |
| In the event a bursary/scholars account. An annual administ become the property of COBS Please note that students who graduate of As a donor I grant full permission to Cowithout compensation to me. This conservanderstand that I may withdraw such colligrant COBSS permission to release munderstand that I may withdraw such collinary withdraw s | tration fee of \$25 will be SS and donors agree to the early (in January) are not eligible for OBSS to use my likeness including it is provided in compliance with the consent at any time by contacting Cony name and address information to | e charged for EACH the policies pertaining for COBSS awards. The photographs, video clips, the Personal Information Probass directly by email. To the recipient of my award | bursary/scholarship/aw to the distribution of fun recordings or any other record of state and the Canadian | vard. All funds donated ads. The participation in COBSS Anti-Spam Legislation. I |
| Enclosed is my cheque | for | | | |
| | | | # of Awards = | |
| | Administrative Fe | e \$25.00 x | # of Awards = | |
| | | D including Admin | | |
| Contact Person: | | | | |
| Address: | | City | Postal Code _ | |
| email: | | Phone | | _ |
| Signed [.] | | Date: | | |