



CENTRAL OKANAGAN BURSARY AND SCHOLARSHIP SOCIETY

316 - 3001 Tutt Street
Kelowna BC V1Y 2H4

Telephone 250 861 4980
email: cobss@shaw.ca

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 **need for 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 Bursary or Okanagan Opera Singers Scholarship or Okanagan Opera Singers Award.

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 or by the donor (as indicated on the donor contract). The selection will be guided by the criteria and instructions provided by the donor. 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,

Lorraine Miller

Lorraine Miller, President

Bev Bourbonnais

Bev Bourbonnais, Administrative/Financial Assistant



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A Gift That Lives and Grows

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Account No: _____ (Office Use Only)

NEW DONOR CONTRACT

(Please read letter before completing contract)

Name of Bursary/Scholarship/Award _____

Definitions – Bursary – need for financial assistance Scholarship – academic, sports, other achievement Award – any criteria the donor specifies

_____ herein donates \$ _____ to the Central Okanagan Bursary and Scholarship Society (COBSS), for the sole purpose of awarding _____ bursaries/scholarships/awards in the amount of \$ _____ each to assist students graduating from member secondary schools within the Central Okanagan Public Schools boundaries in the Central Okanagan to further the selected student(s)' post-secondary education.

The completed contract is necessary to prepare the online application which is available to students in **early** December. Please return this contract, **together with your cheque** payable to COBSS no later than **December 1st**. Thank you for your commitment to the education of students in our community.

Participating Schools – Central School, George Elliot, Kelowna Secondary, Mount Boucherie, Okanagan Mission, Rutland Senior Aberdeen Hall Preparatory, Anse-au-sable, Heritage Christian, Immaculata Regional, Kelowna Christian,

Please specify:

Specific School(s) please list: _____ All Schools _____ Only Central Okanagan Public Schools _____ Only Independent Schools _____

Criteria - (be brief and specific)

PLEASE CHECK (✓) APPLICABLE ITEMS

Bursary/Scholarship/Award to be: _____ Reviewed Annually or _____ Trust Account (minimum \$5,000)

Recipient to be selected by: _____ Donor or _____ COBSS Representative

Bursary/Scholarship/Award presented by _____ Donor or _____ COBSS Representative

In the event a bursary/scholarship/award remains unclaimed after the expiry date, the award amount will be retained in your account. An annual administration fee of \$25 will be charged for **EACH** bursary/scholarship/award.

Enclosed is my cheque for

Amount of Award \$ _____ x _____ # of Awards = \$ _____

Administrative Fee \$25.00 x _____ # of Awards = \$ _____

TOTAL ENCLOSED including Admin Fee(s) = \$ _____

Contact Person: _____

Address: _____

email: _____ Phone _____

Signed: _____ Date: _____