



Scholarship Committee Membership Information Form

The scholarship committee for the _____ Scholarship

Fund for the calendar year of **2025** consists of the following members:

I attest to the following:

1. No committee member may serve if a member of their immediate family* is applying for a scholarship award.
2. The committee membership includes no more than 49% of individuals who would be considered to be the donor to this fund, their family, or advisors, or members of the donor organization who established this fund.
3. The selection process is fair and equitable, and all recipients will be chosen based on criteria contained in the fund agreement or as attached.

Signature: President of Organization, Committee Chair, etc.

Date

Committee Member Information (attach another sheet if necessary)

Committee Member Name, Address, Phone and Email	Qualifications/Reasons for Membership of this Committee
Email Required:	
Email Required:	
Email Required:	
Email Required:	
Email Required:	

*Immediate family members include siblings, spouses, children, stepchildren, grandparents, grandchildren, and step-grandchildren.

This form should be returned by mail, fax or email to:

Community Foundation for Northeast Michigan, P.O. Box 495, Alpena, MI 49707

Phone: 989-354-6881 - Toll Free: 877-354-6881 - Fax: 989-356-3319 - E-mail to pheraghty@cfnem.org