Jefferson County Community Foundation
Scholarship Selection Committee
Conflict of Interest Statement

To be completed by each member of all selection committees and submitted annually to Jefferson County Community Foundation ("JCCF") prior to receiving or reviewing scholarship applications.

I, _____, as a member of the selection committee for the

_____ Scholarship Fund (the "Scholarship Fund"), confirm that:

1. I have received a copy of JCCF's Scholarship Guidelines applicable to the Scholarship Fund. (initial_____)

2. I have read and understand the Scholarship Guidelines and agree to comply with them.

3. I affirm that this selection committee is not directly or indirectly controlled by the donor(s), donor advisor(s) or their family members.

4. The selection committee's scholarship award recommendations will be based on objective criteria reasonably related to the purposes of the Scholarship Fund. The scholarship applications will be distributed to a broad class of eligible individuals and no individual is earmarked to receive a scholarship award.

5. I affirm that I will not recommend that any scholarship be awarded to a student who is my employee or family member.

_____ _____

Date Signature

Please complete the following contact information:

Address:_____

City, ST, Zip:_____

E-mail:_____

Daytime phone:_____