



Riverside Medical Clinic Charitable Foundation (RMCCF) 2017 Community Impact Scholarship Fund Application

Application Instructions:

Please complete the attached application form to apply for the Community Impact Scholarship Fund. The application deadline is ongoing and funds will be distributed throughout the year, based on funds available and community needs. Applicants may apply only once every three years.

Requirements:

- Must reside in Inland Southern California
- Must have special needs or have a family member who has special needs and is requesting funds to assist with the cost of day/overnight camps for adults and/or children who may or may not have special needs. This fund is intended to serve those with special circumstances.
- Must submit a 200-300 word essay
- Must provide brochure, flyer, website, etc. of camp or program

RMCCF will award up to 10 scholarships of \$250 or \$500 per grantee on an ongoing basis throughout the year. Funding over \$500 can be requested and will be granted on a case-by-case basis. If interested, please contact RMCCF via email for more information before submitting application.

Grant award decisions will be notified by email within 60 days after your application has been processed.

Riverside Medical Clinic Charitable Foundation

is a 501 (c)(3) non-profit organization, Federal Tax ID # 30-0796418

PO Box 2605, Riverside, CA 92516 • 7177 Brockton Avenue, Suite 220, Riverside, CA 92506

951-682-2753 • RMCcharity.org

Applicant Information (this person will be our primary contact throughout the granting process):

First Name
Last Name
Address
City
State
Zip
Phone
Email
Date of Birth

Grantee Information (if different from applicant):

First Name
Last Name
Address
City
State
Zip
Phone
Email
Date of Birth

Amount requested and name of camp or program/service for which funds, if granted, are to be used:

Have you ever attended this camp or participated in the proposed program/service? If so, when? How did it impact your life? How will it further impact your life?

Applicant's Signature	Date
Signature of parent or guardian (if under the age of 18)	Date
Electronic signature accepted	

Essay question:

In the space provided, tell us how the requested funds, if granted, will be used. Please tell us, in detail, what program, service, or special event the grantee will be using these funds for, and how that will impact the grantee's life and the lives of those around him/her.

Disclaimers: Scholarship grantees may be asked to provide RMCCF with receipt or proof of funds spent.

Scholarship advisory committee members must be able to make independent decisions on behalf of the scholarship fund and the Riverside Medical Clinic Charitable Foundation without potential or perceived influence caused by a conflict of interest. They must evaluate the eligibility of all applicants without bias and make selection recommendations based on the established objective criteria for the scholarship. Advisory committee members should avoid any situation where personal and business relationships could have, or give the appearance of having, undue influence on the member's judgment in matters under consideration. In case of a potential conflict of interest, the member shall declare the conflict, and refrain from participating in the discussions and decision-making process.

Riverside Medical Clinic Charitable Foundation does not and shall not discriminate on the basis of any applicable protected classification including, but not limited to, race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities and operations include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, advertising for available scholarships, selection of scholarship recipients, and the provision of related services. Riverside Medical Clinic Charitable Foundation is committed to providing an inclusive and welcoming environment for all members of its staff, volunteers, vendors, applicants, and scholarship recipients.



Scholarship Media Consent Form

The Riverside Medical Clinic Charitable Foundation (RMCCF) is seeking your consent to take, retain, use and disclose photographs, videos, and names of award winners in a variety of publications and on the Foundation’s websites for marketing purposes and for the purpose of informing others about the Foundation and its programs and activities and could include, but is not limited to, the following:

- RMCCF communications, such as newsletters, brochures, newspapers, magazines and reports in print and electronically
- RMCCF websites, blogs, social media channels, and videos
- External media communications such as newspapers, television, radio or online publications, including media photographs and interviews relating to the Foundation
- Videos, CDs, podcasts, DVDs for promotion of the Foundation’s programs

Your response on this consent form will not be used in the Scholarship Committee process.

____I DO give my consent for RMCCF to collect, use and publicly disclose my picture, name, grade, and/or school for purposes consistent with the above.

____I DO NOT consent to the disclosure of my personal information for the above purposes.

Name of Recipient (Print): _____

Signature of Recipient: _____

Name of Recipient (Print): _____

Signature of Parent/Guardian: _____

(if Recipient is under 18)

Date: _____