



Scholarship Selection Committee Confidentiality & Conflict of Interest Agreement

This form must be completed by all selection committee members. Completed forms may be emailed, faxed or return to ACF by postal mail.

Committee Member Name (Please Print): _____

Committee Member Employer: _____

Other business, charitable or civic involvement: _____

Please review and answer the following questions and initial each statement.

In my role as a committee member on the _____ fund, I confirm that:

_____ The selection committee’s scholarship award recommendations will be based on objective criteria reasonably related to the purposed of the scholarship fund. The applications will be distributed to a broad class of eligible individuals and no individual is earmarked to receive a scholarship award.

_____ I will not recommend any scholarship to be awarded to a student who is my family member¹ or close connection².

_____ All material provided to me about a scholarship applicant as part of the review process and any discussions regarding the scholarship applicant, whether with the Program Officer or in the selection committee meeting, is confidential. Distribution and/or reproduction of any application forms, essays and letters of recommendation outside the intended and approved use is strictly prohibited.

_____ I have read the [ACF Confidentiality and Conflict of Interest Policy](#).

Please review and answer the following questions. A “yes” response does not disqualify you from serving on the selection committee, but you are required to disclose potential conflicts of interest to ensure a fair and equitable selection process.

Yes/No

___ Are you, or your family members, donors to the fund

___ For any scholarship established by corporation or other business, are you an officer or employee of that corporation or business?

___ For any scholarship established by an alumni group, a professional group, or an association are you a member or officer of that group or association?

___ Is the fund founder or substantial contributor to the fund in a position of influence over you (example: your employer)?

Additional information with respect to “yes” responses: _____

Signature of Selection Committee Member:		
Email Address:		Date:
Address:		Phone:

1. “family member” is defined as spouse, parent, child, stepchild, adopted child, niece, nephew, grandchild, step grandchild or in-law
 2. “close connection” is defined as a personal friend, employer, employee, business partner, or client with any direct or indirect financial or proprietary interest in the result of a decision made by the committee.