

Statement of Confidentiality and Conflict of Interest for Scholarship Selection Committee Members



Statement of Confidentiality: Information contained in student scholarship application forms, essays and letters of recommendation must be maintained in a confidential manner at all times.

As a member of a scholarship selection committee who has access to the above information, you are required to maintain this information in a confidential manner. The unauthorized modification, deletion, or disclosure of information contained within these documents may compromise the integrity of the volunteer committee structure, the Austin Community Foundation and its programs, and otherwise violate individual rights of privacy.

Distribution and/or reproduction of any application forms, essays and letters of recommendation outside the intended and approved use is strictly prohibited.

All application forms, essays and letters of recommendation shall be returned to the Austin Community Foundation or its representative following the final meeting of the scholarship selection committee. Absence from the final meeting does not constitute an acceptable reason for non-compliance.

Conflict of Interest: If you are related to any of the applicants (spouse, child, step-child, grandchild, step-grandchild, sister or brother), please contact the chairperson of your committee with that information. In a case where you have a conflict of interest, we ask that you not participate on the committee during the year in question.

If you know any of the applicants, you may use your discretion and/or the discretion of the committee as to whether you should participate in the selection discussion and/or vote on that particular applicant.

Donors and their immediate families (spouse, child, step-child, grandchild, step-grandchild, sister or brother) are not eligible for assistance from the scholarship for which they are the primary donor or for whom the fund is named.

I have read and understand the conditions for participation on the Scholarship Selection Committee.

I agree to abide by all the above conditions during my term of service on the scholarship selection committee. In addition I will respect the privacy of all applicants whose applications I read during my term of service and into the future.

Name (please print) _____

Signature _____ Date _____

Name of Scholarship _____

**Please email this form to scholarships@austincf.org
Questions? 512.220.1441**