



## SCHOLARSHIP SELECTION COMMITTEE Confidentiality and Conflict of Interest Form

### Confidentiality Policy:

I understand that as a member of the scholarship committee I will have access to federally protected confidential information such as transcripts, as well as information about youth and families in our community. I agree to keep confidential all information that pertains to the applications, to carefully guard scholarship applications and to protect the privacy of all scholarship applicants and recipients.

I agree to treat the committee's deliberations and recommendations as confidential and will not disclose information to anyone outside the committee at any time, before, during or after my service on the committee.

By checking this box, I agree to abide by the Community Foundation's Confidentiality policy.

### Conflict of Interest Policy:

The Community Foundation of North Central Washington abides by a strict Conflict of Interest Policy, the purpose of which is to ensure that no board or committee member with a relationship to a scholarship applicant influences the decision on scholarship awards. All awards must be objectively based on stated criteria without regard to other factors not contained in the application. For purposes of this policy, a conflict of interest would occur if an applicant is a parent, child, stepparent, stepchild, grandparent, grandchild, step-grandparent, step-grandchild, aunt, uncle, nephew, niece, first cousin or sibling.

By checking this box, I certify that, to the best of my knowledge, I do not have a relative under consideration for the scholarships on whose committee(s) I serve.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_