

Scholarship Selection Confidentiality Form

Nonprofit Organization

Full Name

Role/Title

Date

I confirm that as a member of the scholarship selection process for this nonprofit, I understand the importance of maintaining strict confidentiality regarding all information, documents, and discussions related to the selection and evaluation of scholarship applicants.

I agree that:

- I will not disclose, discuss, or share any applicant information, documents, decisions, or committee deliberations outside of the selection process.
- I recognize that all materials and discussions are confidential and proprietary to the nonprofit organization.
- I will not use any confidential information for personal gain or for the benefit of any other individual or organization.
- I will safeguard all records and promptly return or destroy them as instructed upon completion of the selection process.

By signing below, I acknowledge and accept these obligations of confidentiality.

Signature

Date