



### **Statement of Confidentiality and Conflict of Interest for Scholarship Evaluation 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 honor the confidentiality of all applicant information. The unauthorized modification, deletion, or disclosure of information contained within these documents may compromise the integrity of the volunteer committee structure, Thompson Education 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.
- Conflict of Interest:
  - If you are related to any of the applicants as a parent, step-parent, grandparent, step-grandparent, sibling, or spouse, please disclose the conflict to TEF and the chairperson of your committee. In a case where you have a conflict of interest, we ask that you not participate on the committee this year.
  - 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 applicant. If you have questions about your eligibility for this year's committee, please contact Thompson Education Foundation.
  - Donors and their immediate families are not eligible for assistance from the scholarship for which they are the primary donor or for whom the fund is named.

*Please review and initial the following:*

I have read and understand the conditions for participation on the Education Foundation Scholarship Evaluation Committee.

I agree \_\_\_\_\_(initial)



## Scholarship Confidentiality & Conflict of Interest

I agree to abide by all the above conditions during my term of service on the Thompson Education Foundation Scholarship Evaluation Committee.

I agree \_\_\_\_\_(initial)

I will respect the privacy of all applicants whose applications I read during my term of service and into the future.

I agree \_\_\_\_\_(initial)

I understand that under no circumstances may I contact any scholarship applicant or recipient without their express permission.

I agree \_\_\_\_\_(initial)

Name of Scholarship: Thompson Education Foundation Scholarships

Committee Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

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