

Scholarship Criteria Agreement

Schola	arsnip Name:
Name	of Donor:
- ,	of Donor: (Please print your name above as you would like it listed)
Donor	· Address:
Donor	· Phone/Email:
	Type of Fund:
	Endowment : Requires minimum gift of \$10,000. The gift principal is never spent. The amount available for awards is based strictly upon earnings and is budgeted based upon the Foundation's Spending Policy.
	Restricted : Entire gift will be spent over years or semesters.
	Annual : Donor intends to provide annual gift to support award. Donor will be contacted by Foundation office during budget preparation to determine if award will continue.
	One-time: Gift is one-time only to be awarded during next scholarship cycle.
Amou	nt and Number of Annual or Restricted Scholarship Awards:
	l amount: Number of Students: Semester only □ Spring Semester only □ Both h, award amount must be at least \$500 and will be equally divided between each semester)
Amou	nt and Number of Endowed Scholarship Awards Preference:
•	ger Awards/Fewer Students
Mand	atory Recipient Criteria:
schola	num Entry GPA: A cumulative grade point average of 2.0 is required to receive Foundation rships. Please indicate below if this scholarship will require a higher GPA. num GPA: Cumulative?
	t Hours Required : A minimum of six credit hours is required to receive Foundation scholarships. indicate below if this scholarship will require additional hours. Credit Hours required:

Specific Area of Study:				
☐ Mandatory	☐ Donor Preference			
	Selection			
	evolved in the final selection of recipients at the recommendation from the WCC mittee. Recipients may not be pre-selected. Please indicate below how you would like d:			
☐ Other:				
	Optional Criteria			
	on of assigning additional selection criteria (both preferences and requirements) to Common additional criteria include:			
	ngle Parents nancial Need			
are many ways to	th the Foundation Director before adding a criterion regarding financial need, as there address this factor, and certain types of financial information may be difficult or undation staff to verify.			
Donor Preferenc	es:			
Donor Requirem	nents:			

Supplemental Information To ensure that this scholarship is marketed proper	ly, please answer the following:			
Why are you establishing this scholarship? Why is it important to you? If this scholarship is to honor of memorialize a person, please provide information on that person.				
Donor Signature	Date			
Foundation Director	Date			