



New Named Scholarship Form

Name of Scholarship: _____

Purpose / Vision (short write up of why this scholarship was established):

Scholarship Award Information

- General:** Award based on financial need and overall application
- Specific:** Student must meet specific criteria (i.e. certain degree, county, GPA...): [Click or tap here to enter text.](#)

I/We wish to contribute: \$ _____ annually over _____ years for a total gift of \$ _____

- Foundation Determines Award Amount/Scholarship based on overall application and financial need
- I want the award amount per scholarship to be: [Click or tap here to enter text.](#)

One Time / Annual: [Choose an item.](#)

Donor Information/Recognition

- For publications/PR Purposes I would like my name displayed as: [Click or tap here to enter text.](#)
(ex. – your name, scholarship name, family name, Foundation/Business name...)

- I wish to remain anonymous

Name: [Click or tap here to enter text.](#) Address: [Click or tap here to enter text.](#)

City: [Click or tap here to enter text.](#) State: [Click or tap here to enter text.](#) Zip: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#) Primary Phone: [Click or tap here to enter text.](#)

Donor Signature: _____ Date: _____