

## NEW SCHOLARSHIP FUND

All information is kept confidential and used **only** to prepare the fund agreement draft.

\*Required information

The majority of our scholarships are based on financial need, academic merit, involvement in extracurricular activities and/or community service. We have awards for students studying specific fields and we have a host of scholarships that are students in any field of study. Our awards are for students of all faiths and backgrounds.

Partner with us to create your own personalized legacy or to honor someone you love by generously investing your tax-deductible charitable dollars in the higher education of deserving students.

* Name of New Scholarship Fund:				
DONOR PROFILE				
Donor Information				
Title:	Name:		Nickname:	
Email:		Birthday:		
Title:	Name:		Nickname:	
Email:		Birthday:		
Home Address:				
City:		State	e:	Zip:
Home Number:		_ Cell Numbe	r:	
Office Number:		_ Cell Numbe	r:	
SCHOLARSHIP FUND INFORMATION				
* Purpose				
Is this scholarship in honor of someone and who will it be geared toward?				
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_				

*How many schol	arships do you wish to grant each year?
	s each scholarship grant- 4-5% of its Fund balance each fiscal year. An example would be a d can grant one student \$1,000.
*How do you war	nt your scholarship fund to be scored by the review committee?
of 2-3 of the fields, after	ity involvement, financial need and/or academic merit. Many donors choose to do a blend r an applicant meets the eligibility requirements. Ex. freshman student majoring in public f 3.0, the applicant will be scored on 50% community involvement and 50% financial need.
Eligibility	
* What are the el	ligibility requirements you advise we use for this scholarship?

## *These may include any of the following:*

- Freshman, Sophomore, Junior, Senior
- Undergraduate or Professional and Graduate level student
- GPA requirement
- Jewish
- Specific racial or ethnic minority
- Preference will be given to first generation student
- Preference will be given to women

- Specific major
- Specific university
- Specific research focus
- Medical school or PhD program
- Graduate of specific high school
- Alumni of a specific club, organization, volunteer organization
- Specific career ambition (i.e. Police Officer, engineer, teacher)
- From a specific geographic region, city or state



s there any additional information you	u'd like to add?
s there any additional information you	u u me to auu.
Donor Signature	Date
G	
Printed Donor Name	
Person Completing Form	
Donor Signature	Date
Printed Donor Name	<del></del>
Person Completing Form	