



Private Scholarship Agreement

Scholarships cannot be awarded without complete information. Complete this form in full, sign, date and return entire form to the Foundation Office. Please type or print clearly.

General Information

Scholarship Name _____

Amount of Scholarship _____ Start Date _____

Number of Scholarships _____

Award Frequency _____ Annual _____ One-time

Selection Criteria

Enrollment Status _____ Full-time _____ Part-time _____ Either

Program of Study _____

Minimum GPA _____

Financial Need _____ Yes _____ No

Additional Criteria _____

Donor Information

Donor Name _____

Address _____

Telephone _____ FAX _____ E-mail _____

Comments/Restrictions _____

Donor Signature

College Representative

Date

Date