

## Scholarship Donor Form



### Scholarship Information

Name of scholarship: \_\_\_\_\_

Date established: \_\_\_\_\_ Memorial, in memory of: \_\_\_\_\_

1<sup>st</sup> year awarded: \_\_\_\_\_ Honorary, in honor of: \_\_\_\_\_

Primary contact: \_\_\_\_\_ Secondary contact: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Account Type

\_\_\_\_\_ Expendable: (Funds awarded for current or next school year.)

Award plan: \_\_\_\_\_ Annual (specify amount: \_\_\_\_\_ )

\_\_\_\_\_ Renewable (specify amount: \_\_\_\_\_ )

\_\_\_\_\_ One-time (specify amount: \_\_\_\_\_ )

\_\_\_\_\_ Named Expendable: (\$5,000 minimum total and awarded over 5 year period.)

Award plan: \_\_\_\_\_ Annual (specify amount: \_\_\_\_\_ )

\_\_\_\_\_ Renewable (specify amount: \_\_\_\_\_ )

\_\_\_\_\_ Endowed: (\$25,000 minimum within 5 year period. Endowed scholarships are perpetual with awards generated from interest earned.)

Award plan: \_\_\_\_\_ Annual (specify amount: \_\_\_\_\_ )

\_\_\_\_\_ Other (specify amount & freq.: \_\_\_\_\_ )

\_\_\_\_\_ Endowed Renewable: (Contact FLEF to discuss details regarding this type of scholarship)

### Donor Requests

\_\_\_\_\_ Set-up a schedule for periodic communication regarding this scholarship.

\_\_\_\_\_ Provide annual financial statement (for endowed accounts).

\_\_\_\_\_ Send a press release to \_\_\_\_\_ announcing this scholarship establishment.

\_\_\_\_\_ Special requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Scholarship Criteria Checklist

Please select all criteria to be applied or none if category is to be left open to any applicant.

### Current Education Level:

☐ Fort Loramie High School Senior  
☐ College Undergraduate  
☐ Other (please specify: \_\_\_\_\_)

### Education Objective:

☐ Vocational Certificate (vocation: \_\_\_\_\_)  
☐ Associate Degree  
☐ Bachelors Degree  
☐ Other (please specify: \_\_\_\_\_)

### Academic Discipline:

<input type="checkbox"/> Medical	<input type="checkbox"/> Health Services	<input type="checkbox"/> Fine Arts & Humanities
<input type="checkbox"/> Engineering	<input type="checkbox"/> Science	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Business	<input type="checkbox"/> Education	<input type="checkbox"/> Political Science
<input type="checkbox"/> Social Sciences	<input type="checkbox"/> Other (please specify: _____)	

### Enrollment Plan:

☐ Part Time      ☐ Full Time

### Fort Loramie Schools Enrollment:

☐ > 2 Years      ☐ > 4 Years      ☐ Other (please specify: \_\_\_\_\_)

### Grade Point Average (GPA) Minimum:

☐ 3.50      ☐ 3.00      ☐ Other (please specify: \_\_\_\_\_)

### Extracurricular Involvement:

☐ Sports (please specify: \_\_\_\_\_)  
☐ Employment (please specify: \_\_\_\_\_)  
☐ Community Service (please specify: \_\_\_\_\_)  
☐ Other (please specify: \_\_\_\_\_)

### Additional Scholarship Criteria:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes: - The contribution & donor form deadline is Dec 1<sup>st</sup> to be included on that year's application.  
- All FLEF scholarships will be awarded to Fort Loramie graduates only.  
- It is understood that the FLEF scholarship selection committee, an independent group, has sole discretion in choosing the scholarship recipients based on the criteria provided.

FLEF Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_