

## Scholarship Establishment Form

More information about [scholarship guidelines and the selection process](#).

### Based on current tuition rates

- \$1,960 will pay *tuition and fees* for one full-time student for two semesters/one academic year
- \$3,000 will pay *tuition, fees and books* for one full-time student for two semesters (*book costs vary per program*)

### Funding Options

**Endowed (Permanent) Scholarship Fund**

Minimum commitment = **\$25,000**

- A signed endowment policy must accompany this form.

Endowed Gift Amount: \$ \_\_\_\_\_

OR

**Annual Named Scholarship Fund**

Minimum initial contribution = **\$2,000** (or \$1,000/year for 2 years)

- The scholarship must be funded for at least 2 consecutive years.

Annual Gift Amount: \$ \_\_\_\_\_

### Disbursement Timeline

Scholarship criteria must be established and initial funding must be received by **April 1<sup>st</sup>** in order for the scholarship to be awarded for the upcoming academic year. This scholarship is expected to be awarded beginning \_\_\_\_\_. (*Fall/Spring*)

### Payment Plan

Total scholarship gift pledged: \$ \_\_\_\_\_  Please list this gift as anonymous

Payment Method:  Cash  Stock  Check  Credit card

Payment in full (attached)  Pledge to be paid in full within \_\_\_\_\_ years. First bill date \_\_\_\_\_

Annually (\$ \_\_\_\_\_)  Quarterly (\$ \_\_\_\_\_)  Monthly (\$ \_\_\_\_\_)

### Scholarship Award Information

Minimum award amount = **\$1,000 per student recipient, per academic year.**

If multiple scholarships will be awarded per academic year, please indicate the following:

**Total annual contribution:** \$ \_\_\_\_\_, to be split evenly between the **# of recipients awarded per year:** \_\_\_\_\_

• **Scholarship Name** \_\_\_\_\_

• **Scholarship Description**

*Reason for establishing this scholarship and brief description of the company or individual you are honoring. This information will be listed on the scholarship webpage.*

### Donor Contact Information

Name of Donor/Sponsoring Organization \_\_\_\_\_

Contact Name (*to receive thank you letters from scholars*) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

We will use your email address to notify you when your scholarship recipient has uploaded their thank you letter into the scholarship portal. The email will prompt you to create a login and password. Once created, you're all set!

## Scholarship Criteria

Please choose **Financial Need** OR **Academic Merit**.

### Financial Need

Would you like financial need to be considered when awarding this scholarship?  Yes  No

### Academic Performance/Merit

Would you like academic merit to be considered when awarding this scholarship?  Yes  No

If yes, please select the **Minimum GPA** required:  4.0 (A)  3.5 (B+)  3.0 (B-)  2.5 (C+)

### Academic Area of Study

- Division(s):**
- |  |   |
|--|---|
| <input type="checkbox"/> Building, Engineering, and Skilled Trades | <input type="checkbox"/> Health and Wellness              |
| <input type="checkbox"/> Business and Entrepreneurship             | <input type="checkbox"/> Human Services and Public Safety |
| <input type="checkbox"/> Creative and Liberal Arts                 | <input type="checkbox"/> Information Technology           |
|  | <input type="checkbox"/> Science and Mathematics          |

**Program(s) of Study under Division** (For a complete list view [Durham Tech Programs and Pathways](#).)

**Other Criteria** \_\_\_\_\_

## Special Considerations

Will the scholarship recipient be required to meet their donor(s), attend a meeting, etc.?  Yes  No

Is this scholarship allowed to receive public donations (donations other than yours)?  Yes  No

Other considerations or requests: \_\_\_\_\_

## Signature

My signature confirms the information provided on this form is accurate and represents my/my organization's scholarship preferences. I understand that if a suitable candidate cannot be identified the scholarship funds may be rolled over to the next award cycle.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Foundation Office Use Only

Received by (staff initials): \_\_\_\_\_

Date: \_\_\_\_\_

Added to BAM Spreadsheet: \_\_\_\_\_

Curriculum or Continuing Education (circle one)