Scholarship Criteria Agreement Form

Scholarship Name: ___________________________ Scholarship Deadline: ________________

DONOR CONTACT INFORMATION
Name: ______________________________________ Title: _____________________________
Address: ______________________________________ Email: _____________________________
Phone: __________________ Fax: __________________

SCHOLARSHIP PARAMETERS
Scholarship Type: ☐ Merit Based ☐ Need Based ☐ Both Merit & Need Based
If scholarship is to be need based, specify Expected Family Contribution (EFC): __________________
Scholarship Award per recipient: ☐ Fixed Amount: $__________ ☐ Variable Amount ☐ Tuition and Fees ☐ Books
Semester that Award will be used (check all that apply): ☐ Fall ☐ Spring ☐ Summer
Total Number of Recipients per semester(s) selected: ________________
Should the number of eligible scholarship applicants exceed the total number of recipients, priority should be
given based on (check all that apply): ☐ GPA ☐ Graduation Date ☐ Other (specify): __________________
Scholarship renewability: ☐ Renewable ☐ Not Renewable
Party who will be responsible for selecting scholarship recipients: ☐ The Donor ☐ Student Financial Services
☐ Other (specify): __________________________________________
Would the donor like to request a report of students awarded? (circle one) Yes ☐ No ☐
If yes, please specify the information requested on the report: __________________________________________

SCHOLARSHIP CRITERIA
☐ Citizenship (check all that apply): ☐ US Citizen ☐ Legal Permanent Resident ☐ Other (specify): __________________
☐ Classification (check all that apply): ☐ Incoming Freshman ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
☐ Grade Point Average (specify): __________________
☐ Enrollment (check all that apply): ☐ Full-time ☐ Part-time
☐ Major(s) or Program(s) Study (specify): __________________
☐ Other (specify): __________________________________________

By providing their signatures below, both parties are agreeing to the establishment of the aforementioned
scholarship, in accordance with the parameters and criteria listed above. Should any information need to be
amended, both entities agree to inform the other in a timely manner.

Donor/Authorized Official __________________ Date __________________ Financial Aid Official __________________ Date __________________