



Office of Student Financial Services
 3201 W Pecan Blvd McAllen, Texas
 P: (956) 872-8375 F: (956) 872-6461

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