



Scholarship Initiation Form

This form is to be used as a guide to establish a scholarship and, once accepted by the donor and the Foundation, as the documentation for the management and administration of the scholarship.

Please review the Scholarship Initiation – Potential Criteria listing to complete section #4 of this form. The LTC Foundation Scholarship Application collects all of the data on this list to evaluate applicants in an objective manner. One Recommendation Form is also required for application. This form is reviewed for completion and used as a tie-breaker.

1. Name of Scholarship: _____

2. The Scholarship must be awarded for the following semester/s:

Fall Spring

3. The scholarship is established as a (please choose one):

One-time Scholarship

Total donation \$ _____

Number of awards # _____

Value of each award \$ _____ (Minimum Award = \$500)

Annual Scholarship

Total annual donation \$ _____

Number of awards # _____

Value of each award \$ _____ (Minimum Award = \$500)

A renewal reminder will be sent prior to each award period.

Endowed Scholarship

Total donation \$ _____ (Minimum Donation = \$10,000)

Number of awards # _____

Value of each award \$ _____ (Minimum Award = \$500)

Endowed scholarship awards will be distributed when the interest income from the total endowment is sufficient to support the requested award amount.

4. The scholarship must be awarded according to the following criteria, in the following order. Please refer to the *Scholarship Initiation - Potential Criteria* worksheet.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I am in agreement with the above information. I will notify the LTC Foundation of any desired criteria or administration changes.

Established By:

Name/Organization: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ **Date:** _____

Contact Person (if different from above):

Name/Organization: _____

Address: _____

Telephone: _____ Email: _____

On behalf of the Lakeshore Technical College Foundation, Inc., I agree to administer this award according to the above criteria and to provide ongoing communication with the contact person.

Signature: _____ **Date:** _____

Contact: **Lakeshore Technical College Foundation, Inc.**
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