

**Kellogg Community College Foundation
Scholarship Agreement**

NAME OF SCHOLARSHIP: _____

Type of award: ___ Endowment (awards given from earnings only - \$10,000 minimum)
 ___ Annual gift (named scholarship - \$1,500 annual minimum)
 ___ One-time only (\$500 minimum)

For annual gifts, please indicate if you would like to receive an annual payment reminder: No ___ Yes ___ (July or Nov)

Year scholarship was established: _____ **Initial year award is to be given:** _____

Number of students awarded annually: varies **Amount of each award:** varied depending on number
of credits

CRITERIA FOR SELECTION OF SCHOLARSHIP OR GRANT RECIPIENTS:

Preference will be given to those who meet the following criteria while enrolled in KCC-sponsored studies:

Area(s) of study: ___ Any at KCC
 ___ Specified:

Residency: ___ KCC Service Area (local + nearby counties)
 ___ Open to all
 ___ Other

Enrollment Status: ___ Full-time and Part-time (6 or more credits)
 ___ Non-credit curriculum
 ___ Other

Financial Need? ___ Yes ___ No ___ Consider only if equally qualified applicants

OTHER GUIDELINES:

Unless otherwise specified, financial awards may be used for tuition, fees, required books and materials.

Donor Name: _____

Address: _____

Home Phone: _____ **Business Phone:** _____ **E-mail Address:** _____

If this scholarship becomes no longer applicable for the purpose originally intended, I grant full authority for its redistribution to the area of greatest scholarship need. The KCC Foundation Board shall have the authority to revise scholarship criteria to comply with any local, state, federal laws, rules or regulations. In making such revisions, the Board will endeavor to fulfill the wishes of the Donor to the extent possible.

SIGNATURE OF DONOR (s) _____ **DATE:** _____

KCC Foundation: _____ **Date:** _____
Ginger Cutsinger, Executive Director

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KCC Scholarship Background Information

NAME OF SCHOLARSHIP:

Date scholarship was originally established: _____

Who/what is this scholarship named for? _____

Why was this scholarship established?

• As a tribute to someone? _____ Yes (Is this person living ____ or deceased ____ ?)

• Other reasons: _____

Background Information

Please provide information about the person or firm for whom this scholarship is named:

Suggestions for a Business: type of firm, size of firm, date business began, describe its work.

Suggestions for a Person: where/when born, where they lived, education, occupation, personal interests, family life, connection to KCC.

Person establishing the scholarship:

Date: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____ E-mail Address: _____

This Scholarship Determination is executed for the purpose of guiding the KELLOGG COMMUNITY COLLEGE FOUNDATION in the administration and use of the scholarship funds as outlined. The Foundation assumes a fiduciary responsibility in performing its duties as a recipient of the original charitable gift.