

# Labette Community College Foundation Scholarship Establishment Information Sheet

Fund Name: \_\_\_\_\_

Established by: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date Established: \_\_\_\_\_ Giving Mechanism: \_\_\_\_\_  
(Cash, Check, Other)

Initial Gift: \_\_\_\_\_ Total Pledge: \_\_\_\_\_  
(If applicable)

Type of fund:	How pledge to be fulfilled:
_____ Endowment (\$5,000 minimum)	Date pledge expected to be complete
_____ One-Time Gift	Do you want reminders _____ yes _____ no
_____ Annual Scholarship* <span style="font-size: small;">(funding to be provided annually)</span>	_____ annually on _____
	_____ monthly on _____
	_____ quarterly on _____
	_____ other _____

\*Please note: Annual Scholarships are accepted on a case-by-case basis. The name of the scholarship must be approved by the LCC Foundation and will not be recognized with the same significance as named endowed scholarships.

### Background:

### Scholarship Criteria:

### Major:

### Modifications:

Realizing that the future is uncertain and that situations change, the LCC Foundation is hereby authorized to change the terms and conditions for this fund if, in its judgment, it becomes advisable to do so in order to better carry out the original intent and purpose of the fund. During the lifetimes of the donors, such changes shall be subject to their approval.

My (our) signature(s) on this document signifies my (our) understanding that the above described scholarship fund has been established at LCC Foundation and will be managed according to my (our) instructions.

	Date
	Date
	Date

Lindi Forbes, Executive Director

*A one-time 3% allocation to the administrative services fund applies to all gifts made to the Foundation. This allocation is necessary to cover administrative services such as record keeping, financial statements, communications, fund raising, grant applications, etc. All donors receive full credit for the total gift amount.*