**Tuition Assistance Application and Prequestionnaire**

**DONOR OPENING CONTRIBUTION**

1. **Name of Fund** shall be: __________________________________________________________

2. **Purpose of the Fund** shall be: ______________________________________________________

3. **Specific requirements for beneficiaries:** _____________________________________________

4. **Donor’s Contribution.** Initial Contribution of $________, as a charitable contribution to the Catholic Foundation of Michigan. Funding Method: (check one)
   - ▲ Check ▲ Fund transfer ▲ Securities ▲ Other: _____

5. **Distributions:** (check one)
   - ▲ The preferred annual distribution cycle: check one
     - □ April
     - □ November
   - ▲ An additional distribution of ______% will be allowed with board approval (up to 5% max)
   - ▲ Person(s) or position(s) with the authority to elect for the annual distribution:
     __________________________________________

6. **Additional gift:** The donor wishes to make a contribution to the Catholic Foundation of Michigan Endowment for the long-term financial support of the Foundation in the amount of $__________.

7. **Media Release.** Donor hereby grants permission for Fund name to be used in Foundation promotional materials (e.g. website, annual report, newsletter etc.). (circle one) YES NO

8. **Termination of the Fund:** As a security to ensure the funds are always designated with your faithful intent, please consider an additional endowed fund or 501c3 beneficiary to be referenced in paragraph 7 of the agreement:
   a. Fund name: __________________________________________________________
   b. And/or if such a fund is not in existence, please select a foundation Field of Interest:
      - □ Parish Life
      - □ Catholic Education and Formation
      - □ Social outreach
      - □ Catholic Philanthropy – providing for the mission of the Catholic Foundation

9. **How did you hear about the Catholic Foundation of Michigan?**
   - ▲ Donor initiated
   - ▲ Referred by a professional advisor
   - ▲ Through a school/parish partnership
   - ▲ Referred by pastor
   - ▲ Through Catholic Foundation marketing
   - ▲ Other: ________________________________
DONOR INFORMATION

Donor

______________________________________________
Print Name

______________________________________________
Address

______________________________________________
City/State/ZIP

______________________________________________
Email

______________________________________________
Phone

Secondary Donor (if desired)

______________________________________________
Print Name

______________________________________________
Address

______________________________________________
City/State/ZIP

______________________________________________
Email

______________________________________________
Phone

Quarterly Electronic Fund Statements and Correspondence should be sent to:

☐ Donor (Contact information above will be used)

☐ Other (Please complete information below)

______________________________________________
Print Name

______________________________________________
Title/Organization

______________________________________________
Email

______________________________________________
Address

______________________________________________
Phone

______________________________________________
City/State/ZIP

For Nonprofit Entities:

Board Approval

Board Resolution approving the transfer of funds date: ______________________

Resolution and/or letter of approval attached  □ YES □ NO, Date expected __________
## Beneficiary information
(needed upon creation of the fund)

<table>
<thead>
<tr>
<th>Beneficiary Legal Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
<td>City/State/ZIP</td>
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<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Federal Tax ID #</th>
<th></th>
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<td></td>
<td>EIN:</td>
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<table>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Twitter Handle</th>
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## On Site Organization Contact

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Primary Phone</th>
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<table>
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## Board Liaison(s)

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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<table>
<thead>
<tr>
<th>Primary Phone</th>
<th>Email</th>
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## Promotion

- 2 High Resolution Photos for Foundation Publications attached  □ YES  □ NO
- Public description describing the fund for donor portal ____________________________