



Scholarship Fund Application and Prequestionnaire

A scholarship fund gives you the opportunity to target your contribution to provide tuition assistance and scholarship grants to promising and deserving students of all ages. The Foundation shall make grants from Scholarship funds in accordance with the Foundation’s policy and procedures awarding scholarship

DONOR OPENING CONTRIBUTION

1. Name of the Scholarship Fund: _____

2. Purpose of the Fund shall be: _____
For example: To honor an individual’s memory by assisting students who have attended that individual’s school.

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. Scholarship Award Guidelines:

Annual amount awarded to each recipient: \$ _____.

Maximum number of new recipients selected each year: _____.

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

8. Scholarship Selection Committee: The Scholarship Selection Committee recommends scholarships from the Fund to eligible students and may include donors to the Fund, the person in whose honor the Fund is established, and related parties, but they may not make up a majority of the Committee. The Committee is appointed by and is accountable to the Foundation.

a. List up to two additional individuals you would like to recommend to the committee:

[] _____

[] _____

[] None desired.

9. How did you hear about the Catholic Foundation of Michigan? (check one)

[] Donor initiated

[] Referred by pastor

[] Referred by a professional advisor

[] Through Catholic Foundation marketing

[] Through a school/parish partnership

[] Other: _____



DONOR INFORMATION

Donor

Secondary Donor *(if desired)*

Print Name

Print Name

Address

Address

City/State/ZIP

City/State/ZIP

Email

Email

Phone

Phone

Scholarship Fund Eligibility Criteria & Guidelines

Award is based on: *(Select all that apply)*

- Academic Achievement
- Community Service
- Extracurricular Activities
- Financial Need

Scholarship awards must follow the following criteria: _____

Priority will be given to: _____

For Nonprofit Entities: Board Approval

Board Resolution approving the transfer of funds date: _____

Resolution and/or letter of approval attached YES NO, Date expected _____

Promotion

2 High Resolution Photos for Foundation Publications attached YES NO

Public description describing the fund for donor portal _____
