Creating a New Scholarship



A guide to personalizing your philanthropy



Thank you for your interest in establishing a named Scholarship Fund with the Grand Haven Area Community Foundation (GHACF). Please use this worksheet to tell us your wishes and interests regarding your newly created scholarship. Keep in mind that the fewer restrictions you place on how the scholarship is awarded, the easier it will be to find eligible recipients each year. The bold choices will provide the least restrictive scholarship design. We will use the information you give us on this form as the basis for preparing a preliminary Fund Agreement

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Donor	name:			
Addres	ss:			
Phone	number:			
Email:				
1.	What is the Name of your Fund?			
	What is the purpose of your Fund?			
	The purpose of the fund describes your charitable interests. The purpose can be defined broadly or specifically depending on your intent. I am interested in providing scholarship support to benefit:			
	☐ Tri-Cities Area resident			
	☐ Graduating seniors			
	☐ Female			
	☐ Male			
	☐ Non-traditional student			
	☐ Member of church or other organization			
	☐ Graduate Student			
	☐ Minority			
	Other:			
	Graduate of:			
	☐ Any Tri-Cities area high school (includes homeschooled students)			
	☐ A specific Tri-Cities area high school:			

	☐ 1 st Preference high school:2 nd :
	☐ Current college student
>	Additional criteria (may select more than one):
	☐ Academic achievement - minimum GPA
	☐ Financial need – Yes/No
	☐ Leadership qualities
	Community involvement
	☐ Participated in athletics
	Other:
>	Pursuing a specific field of study:
	□ None
	☐ Specific field of study - please specify:
	Students who will be pursuing any degree or certification at:
	☐ Any two or four-year accredited college, university, or
	vocational/technical school
	☐ Any Michigan two or four-year accredited college, university, or
	vocational/technical school
	☐ A specific educational institution:
>	Ability to renew (check only one):
	For the greatest possible flexibility and impact on students, please allow the
	Foundation staff to determine the ability to renew.
	Your preference would be:
	□ Non-renewable
	Renewable one time (Support the same student for 2 years)
	☐ Renewable three times (Support the same student for 4 years)
	Renewal Guidelines:
	☐ Student must be in good academic standing with their school to be
	eligible for renewal
	☐ Other GPA desired by donor
>	Scholarship may be used for:
	☐ Tuition, fees, books, supplies and other expenses incurred for
	educational purposes
	Other:
>	Spending:
_	☐ The annual scholarship awards shall be in accordance with
	Foundation's spending policy.
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	Selection:
	☐ GHACF Scholarship Selection process

	state any other details or information that you would like us to
KIIOW	
	Contact (Person to whom all correspondence should be addressed): Name:
	Address:
	City, State, and Zip:
	Phone:
	Email:

Thank you for allowing us to assist you in creating a charitable Scholarship Fund that will forever help deserving students achieve a post-secondary educational experience.

We appreciate your generosity!

For **good**. For **ever**.*