

Creating a New Scholarship

A Guide to Personalizing Your Philanthropy



Grand Haven Area

Community Foundation



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.

Donor name: _____

Address: _____

Phone number: _____

Email: _____

1. What is the Name of your Fund?

2. What is the purpose of your Fund?

The purpose of the fund describes your charitable interests. It can be defined broadly or specifically depending on your intent.

I am interested in providing scholarship support to benefit:

➤ Who:

- Northwest Ottawa County resident** *(Grand Haven, Spring Lake, Ferrysburg, & surrounding area)*
- Northeast Ottawa County resident** *(Allendale, Coopersville, & surrounding area)*
- Northern Ottawa County resident**
- Graduating seniors
- Non-traditional student
- Member of church or other organization: _____
- Graduate Student
- Minority
- Other: _____

➤ Graduate of:

- Any area high school (includes home-schooled students)**
- Specific area high school(s): _____
1st preference: _____
2nd preference: _____
- Current college student

- Additional criteria (may select more than one):
 - Academic achievement - minimum GPA** _____
 - Financial need**
 - Required* *Should be Considered* *Not Required*
 - Leadership qualities
 - Community involvement
 - Participated in athletics
 - Other: _____

- Pursuing a specific field of study:
 - None**
 - Specific field(s) 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
 - Specific educational institution(s): _____
 - _____
 - _____

- 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 & other educational expenses incurred**
 - Other: _____

- Spending and Award Distributions:
 - I acknowledge that the annual scholarship awards shall be in accordance with Foundation's spending policy.**

- Recipient Selection Process:
 - I acknowledge that recipients will be determined through the GHACF Scholarship Selection process, utilizing the agreed upon criteria, and following foundation guidelines and scholarship best practice.**

- Please state any other details or information that you would like us to know:

- Fund 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. If you have any questions, please don't hesitate to contact Advancement & Donor Services. We appreciate your generosity and support for our community's future through educational opportunities!