

# Scholarship Plan Form

**Name of Donor(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Name of Scholarship:**  
\_\_\_\_\_

**Would you prefer your scholarship to cover tuition for one-semester or two-semesters?**

one-semester

two-semesters

**Dollar amount planned by donor(s) to begin scholarship:**  
\_\_\_\_\_

**Pledge amount and number of years to build scholarship:**  
\_\_\_\_\_

**Date to begin distribution of scholarship money:**  
\_\_\_\_\_

**Scholarship conditions and restrictions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**