



Scholarship Interest and Commitment Form

Part A: Contact Information

Donor(s) Name(s): _____

Contact(s) Name(s): _____

Title/Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Part B: Type of Scholarship Fund

1. Establish an **endowed named scholarship**

An endowed named scholarship can be created and named with a minimum gift of \$25,000. The scholarship funds would be invested, and the interest that accrues each year would be awarded to students as scholarships. For example, at an estimated annual interest rate of 4 percent, \$400 would be generated each year. The scholarship will be delivered during the fall semester after verification of enrollment and awarded to a student at a level determined by the donor. Scholarships can be named for more than one individual or group and can be named in honor or memory of a family member, a beloved teacher or other individual or group. These funds will be designated for your named scholarship fund. If you choose the endowment, it will be set up through the Custer County Foundation with a current management fee of 1.50% of the average annual balance, \$40/year.

2. Establish an **annual named scholarship**

An annual named scholarship can be created with a minimum gift of \$500. The scholarship will be delivered during the fall semester after verification of enrollment and awarded to a student at a level determined by the donor. Scholarships can be named for more than one individual or group and can be named in honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your named scholarship fund.

3. Contribute to an **existing scholarship fund**

The gift would be added to the existing fund and would increase the principal, which would then increase the amount issued on an annual basis in accordance with the scholarship selection criteria.

Name of existing scholarship: _____

4. Contribute to the **Anselmo-Merna general scholarship fund**.

The gift would be added to the existing general scholarship fund, and recipients would be selected by the Anselmo-Merna Foundation Scholarship Committee based upon specific criteria.

Part C: Selection Criteria for New Scholarship Fund

1. Must be (regarding college enrollment)
- Full-time or part-time student
 - Full-time student
 - Part-time student
2. Must have at least a minimum grade point average of _____
3. Must demonstrate academic merit (minimum grade point average of 3.0)
4. Must demonstrate financial need
5. Must be pursuing the following program/degree _____
6. Must be involved in the following activities _____
7. Other: _____

Part D: Scholarship Name for New Scholarship Fund

Official name of scholarship: _____

In honor of: _____

In memory of: _____

Information about the individual(s) or organization(s) for which the scholarship is named (short bio to be read at Graduation):

Part E: Scholarship Amount

The total amount of the gift will be \$ _____.

The scholarship will be funded with an initial gift of \$ _____.

The balance will be paid in equal payments of \$ _____ over:

- _____ months (Note: You may select up to 12 months)

or

- _____ years (Note: You may select up to four years).

Part F: Acknowledgement and Recognition

May we publicize your contribution?

- Yes
- No

If yes, may we include the donor name (as indicated on page 1 of this form)?

- Yes
- No

Would you like to present the scholarship to the recipient at graduation each year?

- Yes
- No

Part G: Signatures

Additional fund contributions may be made at any time. In the future, if the purpose of this scholarship is no longer feasible, the A-M Foundation will contact you to determine how any remaining funds should be used. In the event your scholarship balance falls below \$100 and no new money will be contributed, the A-M Foundation reserves the right to transfer the money to an active fund.

By signing below, you agree to the terms outlined in this form. If applicable, this information will be used to develop a memorandum of understanding (MOU) with the Anselmo-Merna Foundation.

Donor's Printed Name _____
Donor's Signature _____
Date

Donor's Printed Name _____
Donor's Signature _____
Date

Printed Name of A-M Foundation Official _____
Signature of A-M Foundation Official _____
Date

Title of A-M Foundation Official

Please return this form to the ***Anselmo-Merna Foundation PO Box 222 Merna, NE 68856*** or ***amhsfoundation@gmail.com***. Thank you for your consideration!