

Community Foundation of Southern Wisconsin, Inc.

CHECKLIST FOR NEW SCHOLARSHIPS

Scholarship(Name): _____ Scholarship ID: _____

Contact Person(Name): _____ Phone: _____

Address: _____

Scholarships come in many forms and for many purposes. Here are some questions to help you determine what type of scholarship you wish to establish.

NAME OF FUND: This can reflect a person's name, company name, an identifying, yet anonymous, name (ex: The Rainbow Scholarship) or it can be joined with existing scholarships to strengthen them.

- I recommend the following name: _____
- Please add this gift to the _____ Scholarship Fund.

CONTRIBUTION: Scholarship Funds require a minimum contribution of \$10,000 to establish a permanent Scholarship, using the earnings for scholarship awards as described in the Spending Policy.

PURPOSE OF SCHOLARSHIP: To assist young people to receive an education beyond high school with the following limiting factors: *(Check all that apply)*

Must attend on a Full-Time Basis: ___ University ___ College ___ Technical School
Intending to study particular field: ___ no ___ yes: _____

If the candidate is:

- From one or more specific high schools _____
- From a particular geographical area _____
- Has a relationship with a particular ___ organization, ___ group, ___ church or ___ corporation _____
- A graduating high school senior (traditional student)
- Currently enrolled in post high school education
- Choosing education after one or more years of working full time (non-traditional student)

FREQUENCY OF SCHOLARSHIP: You may wish to have this scholarship offered only once per person or it may be renewable.

- The scholarship should be offered only once per student.
- The scholarship may be renewed if student: *(Check all that apply)*
 - ___ Requests continuation
 - ___ Demonstrates continued enrollment
 - ___ Demonstrates successful completion of previous semester OR
 - ___ A Grade Point Average (GPA) of ___ or higher (on a 4.0 scale)

SIZE OF SCHOLARSHIP:

- At least \$ _____ OR ___ an amount based on the CFSW Spending Policy

NUMBER OF SCHOLARSHIPS:

- ___ One to best candidate OR ___ One or more OR ___ To all qualified candidates

DISTRIBUTION:

- ___ Following first semester OR ___ Prior to first semester OR ___ May be split
- With Successful Completion GPA ___ or With Proof of enrollment ___ or Both ___
- Name of person who is to present the award at the high school award program or do you prefer CFSW representative present the award: _____

Name

Address

Phone

CANDIDATE QUALITIES: This provides a profile for preferences that you would like to see in the scholarship recipient. Place an "R" before those items which a student must fulfill; place a "P" when preference should be given.

___ Academics: GPA of ___ or higher OR Class Rank of ___ %

___ Financial Need: Family Income below \$ _____ *(Confidential disclosure can be made to Community Foundation)*

___ Activities: ___ Sports ___ School Activities ___ Church ___ Community

___ Written statement: (note topic) _____