

Endowed Scholarship Agreement

Name of Scholarship _____

Endowed Scholarships

With gifts of \$15,000 or more, donors may establish an endowment to create a permanently named scholarship. Only the annual interest income generated by the endowment is used for annual scholarships, allowing the fund to benefit students in perpetuity.

<input type="checkbox"/> AMBASSADOR Endowment (\$250,000 and over)	<input type="checkbox"/> PLATINUM Endowment (\$50,000 and over)
<input type="checkbox"/> DIAMOND Endowment (\$100,000 and over)	<input type="checkbox"/> GOLD Endowment (\$25,000 and over)
<input type="checkbox"/> EMERALD Endowment (\$75,000 and over)	<input type="checkbox"/> SILVER Endowment (\$15,000 and over)

Year scholarship established _____

Criteria for Selection of Recipients

According to Mitchell Community College policies and procedures, all potential applicants must obtain Mitchell student identification prior to completing a scholarship application. All applicants are required to have a minimum 2.0 GPA and file for the Free Application for Federal Student Aid (FAFSA). Unless otherwise specified, financial awards may be used for tuition, fees, required books and materials. Award preference will be given to those who meet the following criteria while enrolled in Mitchell sponsored studies:

Area(s) of Study/Program Any at Mitchell Community College or Specified: _____

Residency Mitchell Community College Service Area (local + nearby counties)
 Open to all
 Other _____

Enrollment Status Academic Curriculum Non-Credit Curriculum

Other Guidelines

Background Information

Why was this scholarship established?

In honor of someone In memory of someone Other _____

Name of person(s) or organization _____

About a person: Where/when born, where he/she lived, education, occupation, personal interests, family life, connection to Mitchell Community College.

About an organization or business: Describe the type and size of business, mission, date incorporated.

Contact Information

Donor Name (s) _____

Address (s) _____

Home Phone _____ **Business Phone** _____

Mobile Phone _____ **Email** _____

If this scholarship becomes no longer applicable for the purpose originally intended, I grant full authority for its redistribution to the area of greatest need. The Mitchell Community College Board of Trustees shall have the authority to revise scholarship criteria to comply with any local, state, federal laws, rules, or regulations. If, in the opinion of the Board of Directors of the Mitchell Community College Board of trustees, all or part of the funds cannot be applied in strict conformance with purposes previously stated, they may use these funds for other appropriate purposes as nearly aligned to the original intent of the donor as good conscience and need dictate within the authorized powers of the Mitchell Community College Board of Trustees. In making such revisions, the Board will endeavor to fulfill the wishes of the Donor to the extent possible.

Donor(s) _____ **Date** _____

Mitchell Community College President _____ **Date** _____

Mitchell Community College is an equal opportunity institution. Our scholarship awards are not to be restricted in regard to race, color, religion, sex, age, disability, or national origin.

For additional information please contact:
Office of Development and College Relations
Mitchell Community College
500 W. Broad St.
Statesville, NC 28677-5264
Phone (704) 878-4321