McPherson County Community Foundation
Scholarship Fund Worksheet

Demographic Information
Desired Name of Fund/Scholarship __________________________________________

Donor Name _____________________________________________________________
Address ______________________________ City __________________ Zip __________
Telephone __________________________ Email ________________________________

Established in memory/honor of __________________________________________

Intended means of contribution (cash, stock, property) _______________________

Expected Amount of Gift _________________________________________________

Attach: Biographical information about the person for whom the scholarship is named (e.g. interest in education, career, family) will help our office publicize a gift in memory/honor of the person.

Scholarship Guideline Options
Criteria – select the criteria the scholarship recipient will be required to meet:

Attend specific geographical area: _____ If so, parameters: ______________________
SAT/ACT scores of: __________________
Pursuing a specific Field of Study: _____ If so, which: ___________________________
Exhibit Financial Need: __________________
Type of school (i.e. community college, trade school, university, private or public)

________________________________________________________________________

Does the student need to be enrolled full time? _____ Yes _____ No
Does the student need to currently be a high school Senior or can an adult or current college student apply?

Participation in Extracurricular Activities: _________________________________
Membership with specific club/organization: _______________________________
Scholarship Schedule

Typically, March 1 is the deadline for submitting applications to funds administered by the McPherson County Community Foundation. In certain circumstances, it can be set to an earlier or later date. If you would like to request a different date, please indicate the time frame and reason for change:

____________________________________________________________________________________

The amount of the award is dependent on the size of the Fund (i.e. a $10,000 endowment will provide approximately one $500 scholarship). Please complete the following according to your preferences:

Renewable for subsequent years: Yes ____ No _____ If Yes, how many years: _______________

As the Fund appreciates over time, would you prefer to (check one):

_____ Increase the number of scholarships given

_____ Increase the size of the scholarship award

If there are no students who meet the scholarship requirements, the scholarship dollars remain as part of the fund principal.

The Selection committee is typically three to seven people. Donors or family members may not make up a majority of the committee. Preferably list members by position, not name, i.e. President of xyz bank, Principal of xyz high school, Teacher of xyz high school, Pastor of xyz church. It is common to name the High School or Church Scholarship Committee that is already in place.

____________________________________________________________________________________

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Please include other ideas you may have in reference to distribution, publicity and administration of the fund:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please feel free to contact our office to review the details of the fund:

Becky Goss, President/CEO
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