

# Support Fund Intent Form

Support Fund Name

Donor Name (Individual, family, organization)

Contact Name (If an organization, company)

Mailing Address

City, State, Zip

Phone

Email Address

Name of individual(s) to be honored with this award, if applicable

Total Annual Amount Donated

# of Awards to Be Given

### Support Recurrence

- One-time only
- Recurring each semester
  - Including summers
  - Excluding summers
- Recurring until: \_\_\_\_\_

### Recipient may Reapply

- Next semester
- Next academic year
- May not reapply again
- Other \_\_\_\_\_

### Award Schedule

- | Semester                          | \$ Amount |
|-----------------------------------|-----------|
| <input type="checkbox"/> Fall     | _____     |
| <input type="checkbox"/> Spring   | _____     |
| <input type="checkbox"/> Summer 1 | _____     |
| <input type="checkbox"/> Summer 2 | _____     |
| <input type="checkbox"/> One-time | _____     |

### Funds are to be Awarded to

- First-time entering freshman
- Second-year student
- Non-traditional student (over age 24)
- 1<sup>st</sup> generation student (1<sup>st</sup> in family to receive degree)
- No restrictions
- Other:
  
- Fulltime students only
- Part-time students only
- Both Full- and Part-time students

## Support Fund Criteria

Please indicate the following below:

- Selection process (faculty-nominated, committee selection, student initiates app, essay, etc.)
- Which students may apply (single parents, county residents, pursuing certain degrees, etc.)
- Financial status (low-income, any student, non-low income, etc.)
- GPA (Minimum/maximum GPA, GPA maintained during award, no stipulations, etc.)

Requirements/Guidelines:

## Other Information

Please identify any other information pertaining to this support fund.

- I give my permission for appropriate publicity of this support fund.
- I prefer no public announcements regarding my role in awarding these funds.
- I prefer the following publicity of this support fund:

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

\_\_\_\_\_  
**Donor Signature**

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

\_\_\_\_\_  
**Donor Signature**

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

\_\_\_\_\_  
**Donor Signature**

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

\_\_\_\_\_  
**Institutional Advancement Signature**

**Note:** After 5 years of inactivity, this fund will be transferred to the Unrestricted account and used where most needed.