

**Labette Community College Foundation
Scholarship Establishment Information Sheet**

Fund Name: _____

Established by: _____

Contact Name: _____

Address: _____

Phone: _____ FAX: _____

Email: _____

Date Established: _____ Giving Mechanism: _____

(cash, check, other)

Initial Gift: _____ Total Pledge: _____ (if applicable)

How pledge to be fulfilled: _____

Date pledge expected to be complete: _____

Do you want reminders ___yes ___ no

___ annually on _____

___ monthly on _____

___ quarterly on _____

___ other _____

Type of fund:

___ Endowment (\$5,000 minimum) ___ One-Time Gift ___ Annual Scholarship*
(funding to be provided annually)

*Please note: Annual Scholarships are accepted on a case-by-case basis. The name of the scholarship must be approved by the LCC Foundation and will not be recognized with the same significance as named endowed scholarships.

Background:

Scholarship Criteria:

Major:

My (our) signature(s) on this document signifies my (our) understanding that the above described scholarship fund has been established at LCC Foundation and will be managed according to my (our) instructions.

_____ Date

_____ Date

Lindi D. Forbes, LCC Director of Resource Development

_____ Date