



Scholarship Information

Name of Scholarship: _____

Type of Scholarship:

☐ **Annual Named Scholarship** (\$500 minimum)

A check for \$_____ is enclosed.

☐ **Endowed Scholarship** (An initial gift of \$5,000 is required.)

☐ A check for \$5,000 is enclosed.

☐ A check for the first installment of \$_____ is enclosed.

Please indicate the amount and frequency of payment reminders:

\$_____ sent ☐ Quarterly ☐ Semi-Annually ☐ Annually

Contact Information

The scholarship is being established by an ☐ Individual ☐ Organization

Organization Name (if applicable): _____

Primary Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ ☐ Work ☐ Mobile ☐ Home

Email: _____

Secondary Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ ☐ Work ☐ Mobile ☐ Home

Email: _____

Award Details

Scholarship amount: \$_____ per student ☐ College to determine amount

Number of students served per year: _____ ☐ College to determine number

Renewable: ☐ Yes ☐ No

Additional criteria to meet for renewal: ☐ None ☐ Minimum GPA: _____

☐ Exclude indirect costs (housing, etc.) from award eligibility.



Scholarship Criteria

- ☐ None (allows maximum flexibility for the College to meet student needs).
- ☐ Preference given to (check all that apply):
- ☐ Jefferson County Residency
 - ☐ Program or Field of Study: _____
 - ☐ Graduate of _____ High School.
 - ☐ High School Graduates
 - ☐ Students with HiSET/GED certificates
 - ☐ Enrollment Status
 - ☐ Full-time (12+ credit hours)
 - ☐ Part-time (minimum 6 credit hours)
 - ☐ Financial Need (as determined by FAFSA)
 - ☐ Academic Performance: *Minimum GPA* ☐ 2.0 ☐ 2.5 ☐ 3.0 ☐ 3.5 ☐ 4.0
 - ☐ Allow input on recipient selection from (department) _____
 - ☐ Other _____
 - ☐ Other _____
- ☐ If no student meets the specific criteria above, I authorize the College to award this scholarship to a student who most closely matches donor intent.

Signatures

Individual Donor(s)

Name

Date

Name

Date

Corporate or Organization President/Officers

Name

Date

Name

Date

Jefferson College Foundation Executive Director

Name

Date



Scholarship Story & Donor Bio

The Jefferson College Foundation actively seeks to tell the stories behind the generous donors and important legacies that have inspired our scholarships. Help us **tell your story** by filling out the form below or attaching your own narrative. You can see an example of a scholarship story on our website at www.jeffco.edu/broeckelmann-nursing-scholarship/.

We also request **2-3 digital photos** or other artwork that we can include on our website and other communication materials highlighting your scholarship.

This scholarship is named in honor of: _____

These are the things we want you to know about him or her:

Their connection to Jefferson College, education in general or the program our scholarship supports is:

We chose to set up this scholarship because:

A favorite quote, author, place, or other inspirational details that give us a sense of their values and personality

Who should the Foundation contact for questions or details about the scholarship story?

Name _____

Email _____

Phone _____

Links to relevant background materials (obituary, website, LinkedIn profile, biography, etc.):

For more information, call (636) 481-3104. Jefferson College Foundation is a nonprofit 501(c)(3) organization; therefore, your contribution is tax-deductible as allowed by law.

Mail this form and your check payable to Jefferson College Foundation.

Thank you for helping improve the lives of Jefferson College students!