



Scholarship Interest and Commitment Form

Part A: Contact Information

Donor(s) Name(s): _____

Contact(s) Name(s): _____

Title/Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Part B: Type of Scholarship Fund

1. Establish an **endowed named scholarship**

An endowed named scholarship can be created and named with a minimum gift of \$35,000. The scholarship funds would be invested, and the interest that accrues each year would be awarded to students as scholarships. For example, at an estimated annual interest rate of 4 percent, \$1,400 would be generated each year. This amount would be divided evenly between the fall and spring semesters and awarded to a student. Scholarships can be named for more than one individual or group and can be named in honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your named scholarship fund. The fund must earn investment income for one calendar year before it will be awarded.

2. Establish an **annual named scholarship**

An annual named scholarship can be created with a minimum gift of \$3,000 per year for at least five years. The scholarship will be divided between the fall and spring semesters and awarded to a student at a level determined by the donor. Scholarships can be named for more than one individual or group and can be named in honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your named scholarship fund.

3. Contribute to an **existing scholarship fund**

The gift would be added to the existing fund and would increase the principal, which would then increase the amount issued on an annual basis in accordance with the scholarship selection criteria.

Name of scholarship: _____

Amount: \$ _____

Part C: Selection Criteria for New Scholarship Fund

1. Must be

- Full-time or part-time student
- Full-time student
- Part-time student
- 2. Must have at least a minimum grade point average of _____
- 3. Must demonstrate academic merit (minimum grade point average of 3.0)
- 4. Preference given to students who demonstrate financial need
- 5. Must reside in _____ County (Please note: The list of counties in HACC's service area is located at <https://www.hacc.edu/AboutHACC/CollegeFactSheet/index.cfm>)
- 7. Must be enrolled in HACC's _____ Program
- 8. Other: _____

Part D: Scholarship Name for New Scholarship Fund

Official name of scholarship: _____
 In honor of: _____
 In memory of: _____

Information about the individual(s) or organization(s) for which the scholarship is named:

Part E: Scholarship Amount

The total amount of the gift will be \$ _____.

The scholarship will be funded with an initial gift of \$ _____.

The balance will be paid in equal payments of \$ _____ over:

- _____ months (Note: You may select up to 12 months for annual named fund)
- or
- _____ years (Note: You may select up to five years for endowed named fund).

My employer will match this gift. I will submit the necessary paperwork. Here is the company name: _____

Part F: Acknowledgement and Recognition

May we publicize your contribution?

- Yes
- No

If yes, may we include the donor name (as indicated on page 1 of this form)?

- Yes
- No

Part G: Signatures

Additional fund contributions may be made at any time. In the future, if the purpose of this scholarship is no longer feasible, the HACC Foundation will contact you to determine how any remaining funds should be used.

In the event your balance falls below the agreed upon amount and remains at that level for more than 12 months, the HACC Foundation reserves the right to transfer the money to an active fund. Prior to moving any money, you will be notified in writing and given 60 days from the date of notification to contribute to your fund in order for it to meet the minimum balance required.

By signing below, you agree to the terms outlined in this form. If applicable, this information will be used to develop a memorandum of understanding (MOU) with the HACC Foundation.

| | | |
|-----------------------------|--------------------------|-------------|
| <i>Donor's Printed Name</i> | <i>Donor's Signature</i> | <i>Date</i> |
|-----------------------------|--------------------------|-------------|

| | | |
|-----------------------------|--------------------------|-------------|
| <i>Donor's Printed Name</i> | <i>Donor's Signature</i> | <i>Date</i> |
|-----------------------------|--------------------------|-------------|

| | | |
|---|--|-------------|
| <i>Printed Name of HACC Foundation Official</i> | <i>Signature of HACC Foundation Official</i> | <i>Date</i> |
|---|--|-------------|

Title of HACC Foundation Official

Please return this form to the ***HACC Foundation, PO Box 8915, Lancaster, PA 17604-9966*** or [***foundation@hacc.edu***](mailto:foundation@hacc.edu). Thank you for your consideration!