

Colchester School District

Scholarship Donation Form

(To be completed by the donor)

I/we would like to make a scholarship donation of \$_____ to the Colchester School District.

I/we would like my/our donation to be directed as follows *(check one)*:

Unrestricted Scholarship (combined with other scholarships in a general scholarship fund)

Restricted Scholarship (separate scholarship with specific restrictions)

Endowed Scholarship (invested for growth with annual earnings awarded, may be restricted)

I/we would like my/our scholarship donation *(check one)*:

In Honor of _____

In Memory of _____

Neither of the above.

Special Intentions:

Amount of annual scholarship: \$ _____ or Interest only to be awarded

Number of scholarships to be funded each year: _____

Scholarship is: One-time only Year-to-year based on available funding

Recipient receiving should be: College bound Vocation student No preference

Other _____

I/we wish to be involved in the selection of the recipient: Yes No

Special purpose/criteria for this scholarship:

Donor Information:

Mr. Ms. Mrs. Other _____

Name _____

Spouse's Name (if joint donation) _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Home Business

Connection to Colchester School District:

Alumnus/Alumna Class of _____

Parent or Guardian Name of Student _____ Class of _____

Other Family Member Name of Student _____ Class of _____

Friend or Community Member

Current or Former Faculty/Staff

Local Business

Payment Plan:

I/we will mail a check for the full amount of the donation upon notification of acceptance.

This is a pledge only.

Upon acceptance, I/we will make pledge payments of \$ _____ Quarterly Monthly

Internal Office Use Only	
Superintendent's Decision	
<input type="checkbox"/> Acceptance Approved	<input type="checkbox"/> Acceptance Denied
_____	Date _____
Superintendent of Schools	