



New Scholarship Review Form

Below is a list of possible selection criteria that you may consider before finalizing a scholarship agreement. Foundation staff will be glad to assist you in making decisions that work best for you and the college.

Donor Information

Name of Individual/Contact Person: _____

Email Address: _____ Phone: _____

Name of Organization (If Applicable): _____

Scholarship Requested Name: _____

Note: Annually funded scholarships and permanently endowed scholarships can be named in honor or in memory of someone special.

Donor Impact Statement

Please describe the inspiration for your gift and provide some background information about yourself. We ask this so that future beneficiaries of your generosity learn about you!

Provision And Disbursement of the Funding

Please select the statement which best expresses your wishes:

Endowed Scholarship: Funding will be at \$25,000 or more in order to permanently endow the scholarship. *Only the interest generated from the principal will be used for scholarship funding.*

Endowed gift amount: \$ _____

Year	Fall Disbursement	Spring Disbursement	Total
Total Giving			

Annual Scholarship: Funding will be on an annual basis at \$ _____ per year for _____ years.

Annual donations of \$1,000 or more qualify as a named scholarship.

Year	Fall Disbursement	Spring Disbursement	Total
Total Giving			

- One-time Scholarship:** Funding will be a one-time gift of \$ _____ to be used until funds are exhausted.

A minimum donation of \$1,250 is required.

Funds will be applied to the student's financial aid account with few exceptions. If the scholarship amount exceeds the cost of tuition, fees, and books, please indicate your preference:

- Refund any overage to the student for cost of living. *Default if no selection is made.*
- Retain any overage in the scholarship fund for future disbursement.

From time to time, a student may fall a few credit hours short of the requirement, either because s/he is in a final semester before graduation, or due to course availability. Please indicate your preference:

- Prorate the amount of the award if the recipient maintains all other eligibility requirements.
Default if no selection is made.
- Select a new scholarship recipient.

Scholarship Selection Criteria

Check all criteria that you would like to include in selection of a recipient:

- Should be enrolled in a particular program of study: _____
Refer to our website for a list of programs – www.durhamtech.edu/programs
- Should have completed a certain number of credit hours in their program: _____
We recommend a minimum of six credits.
- Should be currently enrolled for a certain number of credit hours upon applying: _____
We recommend a minimum of six credits.
- Should be a resident of a particular geographic area.
Durham Tech's service area is Durham and Orange counties.
- Other. Please elaborate: _____

Scholarship Selection Policy

The Durham Tech Scholarship Committee will make selections based upon established criteria without regard on the basis of race, color, national origin, ancestry, gender, sexual orientation, age, religion expression, creed, disability, marital status, military status, political affiliation, or any other factor protected by law.

Preferences (Not required)

- Preference given to a student of color.
- Preference given to a male student.
- Preference given to a female student.
- Preference given to a veteran or dependent of a veteran.
- Preference given to a single parent.
- Preference given to a first-generation college student.
- Preference given to employees or children of employees from your company or organization.
- Other: _____

Scholarship Guidelines

- The Scholarship Application must be accompanied by a written recommendation from an appropriate faculty member;
- Durham Tech will provide publicity for the scholarship;
- If there is no recipient of the scholarship in any given year, or there is no alternate in the event that the original recipient graduates or leaves Durham Tech, funds will be released for additional Foundation purposes.
- Other guidelines: _____

Signature: _____ Date: _____

Please return this form to:

Durham Tech Foundation, Attn: Cassandra Rycek
1637 E Lawson St, Durham, NC 27703
Email to rycekc@durhamtech.edu or Fax to 919-536-7284