



Scholarship | Endowment Creation Form

Donor Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Work Home

Email: _____ Personal Work

Donation Information

Donation Amount: \$ _____

Donation Type: Stock Estate Gift Automatic Bank Withdrawal (Bank Withdrawal Form must be completed)

ⓘ A stock or estate donation will be personally handled by the Executive Director of the Foundation, along with legal and financial representation from the Foundation and the donor. Every care will be taken to ensure the donor's intent is professionally and legally facilitated.

Credit Card Check(s) Northland Employee Payroll Donation (Employee Payroll Donation Form must be completed)

Is This Donation: One Time Gift Repeating: If Repeating, When Will The Next Donation Be Made? _____

Name on Credit Card: _____

Credit Card Type: Visa MasterCard American Express Discover Diner's Club

Credit Card Number: _____

Credit Card Expiration Date: (Month & Year) _____ Credit Card Security Code: _____

Please Charge My Credit Card The Following Amount: \$ _____

Credit Card Holder's Signature: _____

I / We would like this donation to be publically acknowledged? Yes No Remain Anonymous

Is There a Specific Newspaper Request: _____

Would you like to participate in the scholarship ceremonies? Yes No



Scholarship | Endowment Information

Scholarship Title: _____

In Memory/Honor of: _____

Scholarship Amount: \$ _____

Scholarship Eligibility Information

What Campus Do You Want the Scholarship to be Awarded At? Either Campus East Grand Forks Thief River Falls

Enrollment Status: Full-Time Part-Time No Preference Scholarship Distribution: Fall Semester (Recruitment)
 Spring Semester (Retention) No Preference

Class Status: Freshman Sophomore No Preference

Scholarship Basis: Academic Basis: Minimum GPA: _____ Need Based Both No Preference

Program | Major: Liberal Arts Technical Program Major or Program Preference: _____

Other Proposed Criteria: _____

The above information accurately reflects my / our intentions and desires.

PRINT NAME

SIGNATURE

DATE

PRINT NAME

SIGNATURE

DATE

PRINT NAME

SIGNATURE

DATE

Complete this form and mail back to the Foundation Office at:

Northland Community & Technical College Foundation
1101 Highway One East | Thief River Falls, MN 56701

THANK YOU!