

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. ☐ Northland Employee Payroll Donation (Employee Payroll Donation Form must be completed) Is This Donation: ☐ A One Time Gift ☐ Repeating: If repeating, when will the next donation be made? I / We would like this donation to be publicly 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
Do you have a campus preference? ☐ No preference ☐ East Grand Forks ☐ Thief River Falls ☐ Distance/online Scholarship Distribution: ☐ Fall Semester (Recruitment) ☐ Spring Semester (Retention) ☐ Spring Semester (Retention) ☐ Either ☐ Either ☐ Either
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