



Scholarship Initiation Form

This form is to be used as a guide to establish a scholarship and, once accepted by the donor and the Foundation, as the documentation for the management and administration of the scholarship.

The LTC Foundation Scholarship Application collects student data to evaluate applicants in an objective manner. One Recommendation Form is also required for application. This form is reviewed for completion and used as a tie-breaker.

1. Name of Scholarship: _____

2. The Scholarship will be awarded in which of these semesters:

Fall Spring

3. The scholarship is established as a (please choose one):

One-time Scholarship

Total donation \$ _____

Number of awards # _____

Value of each award \$ _____ (Minimum Award = \$500)

Annual Scholarship

Total annual donation \$ _____

Number of awards # _____

Value of each award \$ _____ (Minimum Award = \$500)

A renewal reminder will be sent prior to each award period.

Endowed Scholarship

Total Donation: \$ _____ (Minimum Donation = \$10,000) #

_____ student recipients each year

\$ _____ Ideal award amount in today's dollars*.

*Endowed scholarship awards will be distributed when the income from the total endowed fund is sufficient to support the ideal award amount. over time, this amount may change based on market values and Foundation spending policy.

4. The scholarship will be awarded according to the following criteria, in the following order to the best of our ability to find a match with a student (example: students in X program, degree seeking, single parent).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I am in agreement with the above information.

Established By:

Name/Organization: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ **Date:** _____

Contact Person (if different from above):

Name/Organization: _____

Address: _____

Telephone: _____ Email: _____

On behalf of the Lakeshore Technical College Foundation, Inc., I agree to administer this award according to the above criteria and to provide ongoing communication with the contact person.

Signature: _____ **Date:** _____

Contact: Lakeshore Technical College Foundation, Inc.
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Cleveland, WI 53015
(920) 693-1000
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