



## Scholarship Donation

Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Anticipated Donation Amount: \$ \_\_\_\_\_

Anticipated Donation Date: \_\_\_\_\_

*When donations in any one calendar year under \$5,000, are made by an individual, specifically for scholarships, these donations will be added to the restricted funds designated for scholarships. These donations will increase the amount available in that year above the amount funded by the center's annual budget. If not all available funds are awarded in any given year, the excess will carry over to the following year's available funds.*

*If there are contributions in any one calendar year by and individual as a gift or bequest in an amount greater than \$5,000, the donor or the estate executor may, but is not required to, add directions for the disbursement of funds. Funds will be kept in a separate account and not comingled with other scholarship funds, unless the amount falls below \$1,000. These directions are in addition to the scholarship applicant meeting the established GHCC scholarship criteria and eligibility requirements.*

*The following are directions that may be added:*

- Donor can indicate if they wish to have the money used all in one year or spread out over several years. Number of years to be approved by GHCC prior to the gift and not for an indefinite period. . Ex. 1/5 of the original amount / year for 5 years. Please indicate the period of time you would like to be used for your gift:

\_\_\_\_\_

\_\_\_\_\_

- Donor can indicate if they wish to have the funds only go to in-state public and/or private schools. Ex: Only community colleges, technical schools, colleges and

universities in Washington state. Do you wish to restrict funds to only Washington State public and/or private: Please indicate: **YES** or **No** .

- Scholarships awarded from these funds may be titled as directed by the donor. Ex: The Smith Family Scholarship. The title must be approved by the Board. Please indicate the title you wish for the scholarship:

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Any other directions requested must be approved by the Board prior to the gift:

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I/we understand and agree to the guidelines of the scholarship donation.

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Name	Name
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Title	Title
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Date	Date