

**REQUEST TO ESTABLISH A SCHOLARSHIP**

 ***Thank you for your generous gift to a student(s) of the Syracuse City School District.***

 ***A minimum of $500 is required to establish a Scholarship account.***

 ***Amounts less than $500 may be added to the Superintendent’s Scholarship Fund.***

***Funds must be received by March 1 to award the Scholarship in the current school year.***

**DONOR INFORMATION**

**Donor Name:** **Date:**

**Donor Address:**

 **(Street) City State Zip**

**Donor Contact Name:** **Telephone #:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donor Contact Title:** **Fax #:**

**Donor Contact Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:**

**SCHOLARSHIP INFORMATION**

**Name of the Scholarship Fund to be Created:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Annual Scholarship Award(s):** $ **Number of Annual Awards:**

**In Memory Of:** **In Honor Of:**

**Other Scholarship Information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL INFORMATION**

**Which type of scholarship will this be?** *[ ] Annual [ ] One Time*

**If the scholarship will be annual, please specify the funding mechanism:**

*[ ] Annual Contribution of $\_\_\_\_\_\_\_\_\_\_\_\_ per year*

*Annual scholarships can be established with an initial commitment the year that the scholarship is established. An annual scholarship is not a permanent fund and is awarded only as long as the donor or other benefactors choose to contribute to the fund.*

*[ ]  One Time Contribution of $\_\_\_\_\_\_\_\_\_\_\_\_ \*A minimum of $500 is required\**

*A One Time contribution will be awarded per the instructions of the donor until all funds have been expended.*

***\*Funds must be received by March 1 to award the scholarship for the current school year.***

**SCHOLARSHIP SELECTION REQUIREMENTS**

**Please indicate preferences in the composition of the scholarship selection committee:**

*[ ] Principal [ ] Assistant Principal [ ] Guidance Counselor [ ] Teacher in Field of Study*

*[ ] Director/Administrator [ ] Coach [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Additional selection criteria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOLARSHIP ELIGIBILITY CRITERIA**

**Must the student be attending a particular high school?** *[ ] Yes [ ] No*

*If yes, please specify school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Is there a grade point average eligibility requirement?** *[ ] Yes [ ] No*

*If yes, please specify range:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Is there a financial need eligibility requirement?** *[ ] Yes [ ] No*

*If yes, please specify criteria:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Is there a specific major/field of study required or preferred?** *[ ] Yes [ ] No*

*If yes, please specify criteria:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Additional scholarship eligibility criteria and donor restrictions (*attach additional pages if necessary*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you wish to change your requirements or modify the scholarship amount, please contact the Chief Financial Officer of the Syracuse City School District. All checks and future payments should be sent to the Chief Financial Officer at the following address:

Chief Financial Officer

Syracuse City School District

1025 Erie Blvd. West
Syracuse, NY 13204-2749

Checks or other gifts should be made payable to the Syracuse City School District. Please specify the scholarship fund name on the payment.

**For Office Use Only**

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarship Program Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_