



SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Request to Establish a Scholarship

Thank you for your generous gift to a student(s) of the Syracuse City School District. A minimum of \$5,000 is required to establish a Scholarship account. Amounts less than \$5,000 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			
Donor Name			Date
Donor's Street Address	City	State	Zip
DONOR CONTACT			
Donor's Contact Name	Contact Person's Title		
Email Address	Phone Number	Fax Number	
Donor Contact Signature			

→ SCHOLARSHIP INFORMATION

Name of Scholarship Fund to be Created	
Amount of Annual Scholarship Award	Number of Annual Awards
In Memory of	In Honor of
Other Scholarship Information	

→ FINANCIAL INFORMATION

Which type of scholarship will this be?	
<i>*Funds must be received by March 1 to award the scholarship for the current school year.</i>	
Annual Contribution <i>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. A minimum of \$5,000 annually is required. If the scholarship will be annual, please specify the funding mechanism.</i>	
\$ _____ per year	
One Time Contribution <i>A minimum of \$5,000 is required. A one time contribution will be awarded per the instructions of the donor until all funds have been expended.</i>	
\$ _____	

➔ 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
<i>If yes, please specify:</i>		
Is there a grade point average eligibility requirement?	Yes	No
<i>If yes, please specify:</i>		
Is there a financial need eligibility requirement?	Yes	No
<i>If yes, please specify:</i>		
Is there a specific major/field of study required or preferred?	Yes	No
<i>If yes, please specify:</i>		
Additional scholarship eligibility criteria and donor restrictions (attach additional pages if necessary):		

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.

STAFF USE ONLY

Date Received: _____

Scholarship Program Code: _____

Date Processed: _____

Bank Account Number: _____