



# SCHOLARSHIP GUIDELINES

McNeese State University

Scholarship Name: \_\_\_\_\_

Donor/Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Payment Increments to Recipient (check one):

- Entire Amount in Fall
- Entire Amount in Spring
- Half in Fall-Half in Spring
- Other (explain below):

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned donor(s) understands and agrees to the following:

1. If the Fund does not reach the minimum required endowment level of \$15,000 after a 10-year period, the Fund balance will be redirected to general endowment.
2. If the Fund's original intent becomes obsolete due to changing circumstances beyond the Foundation's control, its Board of Directors may choose to redistribute the Fund balance elsewhere.
3. The scholarship distribution is based on investment returns from the prior year and is not guaranteed.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

McNeese Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

## SELECTION/CONTINUATION CRITERIA:

Required Grade Point Average:

Overall GPA \_\_\_\_\_

**Residence:**

- City  State  Parish
- No Preference

**U.S. Citizen:**

- Yes  No
- No Preference

**Major Field of Study:**

- No Preference

**Classification:**

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student
- No Preference
- Special Request:

**Recipient Selection (one only):**

- McNeese Scholarship Committee
- Donor After Screening by Scholarship Committee
- Scholarship Committee after Screening by Donor
- McNeese Department Head
- With Input from Department Head
- Other (Explain):

**Recipient to be Continued:**

- \_\_\_\_\_ Semesters (can include Summer)
- Until Graduation
- Other:

**Action taken if Recipient Falls Below**

**Required GPA:**

- Replace
- Semester Probation
- No Action
- Other:

**May we publicize this gift?**

- Yes  No

*Thank you for your support!*