

Scł	nolarship Name:				
Do	nor/Contact:				
Ad	dress:				
Cit	y:		State:	Zip:	
Home Phone: Work Pho		ne: _	: Cell Phone:		
Em	nail Address:				
Re	marks:				
Th	e undersigned donor(s) understands and agrees to the follow	ving:	:		
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.	6.	University scholarship acade will be applied to ensure uni compliance with the scholars	formity in compliance and in	
2.	If the Fund's original intent becomes obsolete due to changing circumstances beyond the Foundation's control,	7.	The scholarship recipient will scholarship until graduation		
	its Board of Directors may choose to designate the fund for another area or to the general scholarship fund.	8. If the donor wishes to include additional selection criteria, please list in the "Remarks" section.			
3.	The scholarship distribution is based on investment returns from the prior year and is not guaranteed. Funds will typically be paid to the recipient(s) in equal increments in	9.	Selection committee(s) will r any of the following are selec	espect the preferences when	
4.	the fall and spring semesters. Recipient selection will be made by the University	Ma	Major Field of Study Any Major		
	cholarship Committee with input from the department when appropriate.		Area of Most Need Specify:		
5.	Unless otherwise specified, recipients are required to maintain a minimum 2.5 grade point average and full-time enrollment. Scholarship funds may be distributed to more than one student.	Cl	Classification (minimum level) Freshman Sophomore and Above		
			Junior and Above		
			Graduate Student No Preference		
Do	nor Signature:			Date:	
McNeese Acceptance:				Date:	