



COMMUNITY FOUNDATION  
OF  
NORTHWEST MISSOURI

## Donor Election Form

Please complete and return to The Community Foundation of Northwest Missouri. Additional information is available on our website at [cfnwmo.org](http://cfnwmo.org).

What type of fund would you like to establish?

Donor Advised

List successor advisors \_\_\_\_\_

Field of Interest

List the charitable purpose (ex: arts, education, health, etc.) \_\_\_\_\_

Scholarship

Complete Scholarship Election Form on back

Designated

List Organization(s) to receive donations \_\_\_\_\_

Is the fund endowed?

Yes (Grants are limited to 5% of the fund's earnings each year)

No (Grants are made from principal and earnings)

What would you like to name the fund?

\_\_\_\_\_

How would you like the fund invested?

Community Foundation's Pools

Personal Financial Advisor

Advisor Contact Information \_\_\_\_\_

List Advisors or committee members for the fund including name, address, phone and email.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will be authorized to suggest distributions/changes \_\_\_\_\_

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

1006 W. St. Maartens Dr., Suite B, St. Joseph MO 64506 | 816.232.2022 | [info@cfnwmo.org](mailto:info@cfnwmo.org)

## Scholarship Election Form

### *Fund*

**Purpose:** This fund was established in memory/honor of \_\_\_\_\_ by his/her family to provide academic scholarships to \_\_\_\_\_.

**Criteria:** In order to be eligible for the scholarship, you must meet the following:

(Check all that apply)

\_\_\_ Graduating senior of \_\_\_\_\_ High School

\_\_\_ ACT Score of \_\_\_\_\_

\_\_\_ GPA \_\_\_\_\_

\_\_\_ Intended Major \_\_\_\_\_

\_\_\_ Desired School/University \_\_\_\_\_

\_\_\_ Participation in school/community activities  
\_\_\_\_\_

\_\_\_ Based on financial Need \_\_\_\_\_

\_\_\_ Moral characteristics \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**Guidelines:**

\_\_\_ Awarded one-time

\_\_\_ Awarded one-time but payable half in August and half in December (The second installment will be released upon proof of good academic progress).

\_\_\_ Recurring for up to \_\_\_\_\_ years

How many recipients per year \_\_\_\_\_

**Amount:**

\_\_\_ Set amount of \$ \_\_\_\_\_

\_\_\_ Range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_

\_\_\_ Based on available earnings of the fund

**Selection:**

List who will be involved in the selection of recipients including name and contact information (address, phone and email).

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