



COMMUNITY FOUNDATION
OF
NORTHWEST MISSOURI

Scholarship Fund Start Up Form

Please complete this form and return to The Community Foundation of Northwest Missouri to start the process of opening a scholarship fund. Upon receipt, staff will draft a fund agreement and contact you to complete the process.

What would you like to name the fund?

Is the fund a memorial or honorarium?

Memorial

Honorarium

Individual's name _____

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)

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

Who will be authorized to suggest distributions _____

What criteria would you like applicants to meet? (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 _____

How will awards be processed:

____ Awarded one-time
____ Awarded one-time but payable half in August and half in December
____ Recurring for up to ____ years
How many recipients per year _____

What is the scholarship amount?

____ Set amount of \$ _____
____ Range of \$ _____ to \$ _____
____ Based on available earnings of the fund

Donor Name

Signature

Date

Address

Phone

Email

Return to:
Community Foundation of Northwest Missouri, Inc.
Attn: Stacey Helfery
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St Joseph, MO 64506
816.232.2022
Or
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