

DONOR(S):_____

CONTACT NAME:

PHONE: Home:

EMAIL: _____

MAILING ADDRESS:

SCHOLARSHIP DESCRIPTION:

PURPOSE

TARGET MAJOR/DIVISION: □ All students (*additional criteria under "Other"*)

□ Students enrolled in specific major(s):

DEMOGRAPHICS:

School District

□ City____

ENROLLMENT STATUS: Full-time □ Part-time Either full-time or part-time

□ No restrictions of any type

DEPENDENCY STATUS: Dependent

Independent



4240 Campus Drive James J. Countryman Building, Room 175 Lima, Ohio – 45804 www.rhodesstate.edu/rhodes-state-college-foundation

Rhodes State College Foundation Memorandum of Understanding to Establish a Scholarship

Cell:

□ County

Continuing student

 $\hfill\square$ First-time student but not a high school senior

□ Either a continuing student or a first-time student

□ High school graduating senior only

D Either

ACADEMIC ACHIEVEMENT	(CHECK ALL THAT APPLY):
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Minimum grade average to receive award		/4.0 (*All sch	/4.0 (*All scholarship recipients must maintain a		
2.0 GPA per Scholarship Program Academi	c Standards Policy	or 2.5 GPA for some prog	rams/degrees.)		
Minimum credits hours earned	at time	e of application			
☐ Minimum test scores (if applicab	le)	_%			
☐ Minimum grade average to retain	n scholarship	<u>/4.0</u> (*)			
Relationship to financial need, cl	—		less important		
Award Use:					
Direct costs	Direct and indirect costs				
FINANCIAL NEED:					
Demonstrates unmet financial	Ginancial ne	eed not a criterion			
WORK STATUS:					
☐ Full-time	Part-time		□ Not required		
OTHER PREFERENCES:					
□ Single parent students, if availab	le or a child of a	single parent			
☐ First-generation college attendee		e 1	riteria equal		
Community service			*		
❑ Veteran					
T Other:					

ENDOWED SCHOLARSHIP

Total amount \$ _____

□ Paid \$_____

Pledged Payable in the amount of \$ _____ per year for _____ years. Payments made:
Monthly Quarterly Annually Other:

Principal will be added to the previously named endowed scholarship fund of the Rhodes State College Foundation.

ANNUAL SCHOLARSHIP

Total amount \$ _____

□ Paid \$

Pledged
\$

Payable in the amount of \$ _____ per year for _____ years. Payments made:
Monthly Quarterly Annually Other:

Matching gift information (if applicable):

ELIGIBILITY Criteria for this scholarship shall be given under the following guidelines:

APPLICATION PROCEDURE

Interested candidates should complete and submit the Rhodes State College Foundation scholarship application and provide supporting documentation as indicated.

SELECTION PROCEDURE

Recipients of the scholarship shall be selected by the Scholarship Selection Committee consisting of Financial Aid staff, faculty representing various divisions of the College, and others designated to serve on the Committee by the Vice President for Institutional Advancement or the Director of Financial Aid. The donor will be notified of the selected recipient(s). Scholarship criteria cannot violate the Rhodes State College Antidiscrimination Policy.

AWARD AMOUNT TERMS – ENDOWED SCHOLARSHIPS

Following the Rhodes State College Foundation Investment Policy, 5% of a trailing 12-quarter average of the Foundation's total asset value is distributed annually. This allows for steady growth and minimizes the probability of invading principal. There may occasionally be situations requiring a higher rate of spending from investable assets. The Investment Committee is authorized to increase the spending rate as necessary on a temporary basis. Such an increase should not be undertaken without a clearly justifiable cause or without the advance approval of the Board.

The amount of a scholarship award is based upon the above stated spending policy and investment returns. Public announcement of the scholarship recipients may be made through the Marketing and Public Relations Office and/or the Rhodes State College Foundation.

In the event the Rhodes State College Foundation Board of Directors determines that conditions or circumstances render impractical or undesirable the use to which the income from the fund is devoted, the Board may devote the income to purposes which in its judgment perpetuate the intent of the donor and will further the educational effectiveness of Rhodes State College.

APPROVED:

Donor Printed Name

Donor Signature

Donor Printed Name

Donor Signature

Kevin L. Reeks, Vice President for Institutional Advancement Rhodes State College

Date Date Date