



Rhodes State College Foundation  
*Memorandum of Understanding*  
to Establish a Scholarship

NAME OF SCHOLARSHIP: \_\_\_\_\_

DONOR(S): \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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 \_\_\_\_\_ ☐ County \_\_\_\_\_

ENROLLMENT STATUS:

☐ Full-time

☐ Continuing student

☐ Part-time

☐ First-time student but not a high school senior

☐ Either full-time or part-time

☐ Either a continuing student or a first-time student

☐ No restrictions of any type

☐ High school graduating senior only

DEPENDENCY STATUS:

☐ Dependent

☐ Independent

☐ Either



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

