



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



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www.rhodesstate.edu/rhodes-state-college-foundation

