**SAISD FOUNDATION**

**SCHOLARSHIP SET UP FORM**

Thank you for your interest and support of students in SAISD! This form is to facilitate the acceptance of scholarship funds to be awarded by the SAISD Foundation on your behalf and to assist San Antonio ISD in recruiting students for this scholarship. Please note this form is to be submitted in addition to the Restricted Account Set Up Form.

1. Name of Scholarship:

2. Total amount of gift being made: \_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Given by:

4. Please list how you would like this gift listed:

5. Number of scholarships to be given: 6. Amount of each scholarship:

7. Will this scholarship be given annually or one time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Purpose of scholarship:

9. Is scholarship benefiting a specific school, specific program or District-wide?

10. If the scholarship is for a specific school, please list school name:

11. Will students be selected by your external scholarship committee or by school/district scholarship committee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If by external committee, please list contact: \_\_\_\_\_\_

12. Are you utilizing the SAISD standard application or an external application? If external, please attach a copy for our records.

13. If you would like SAISD’s assistance in soliciting applications, please continue. If you do not want SAISD to promote this scholarship or accept applications on your behalf, skip to question number 16.

14. Please let us know any specific criteria for a scholarship awards. This may include area of study, GPA, income, or special interests. \_\_\_

15. If you are selecting recipients, please list the max. # of applications you want to review: \_\_\_\_\_\_\_\_

16. Will checks be needed once or twice a year? 17. Month/s to be awarded?

18. Will checks be made to the college/university or to the student?

19. Do you approve of this scholarship being listed on SAISDFoundation.com? Yes No

I verifiy that this document accurately reflects the intentions of the scholarship I have created.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting regarding this scholaship should be given to the following person.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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