

SCHOOL OF THE ARTS / DEVELOPMENT ESTABLISHING A SCHOLARSHIP WORKSHEET

Instructions:

Please use this form as a guide and work directly with Chuck Gerdon (tel: 973.655.7298) to discuss your ideas in detail.

1. **Name of person(s)/organization establishing scholarship:**

Address: _____

Phone: (Business)_(_____)_____ (Home) (_____)_____

2. **Name of Scholarship Fund:** _____

3. **I/we plan to fund the scholarship in the following manner:**

Annually Establishing an endowment (permanently restricted - corpus remains inviolate)

4. **Enclosed is my check in the amount of:** \$ _____ **Date:** _____

(Note: Checks should be made payable to the Montclair State University Foundation.)

5. **The scholarship is:**

_____ An unrestricted grant. Therefore it may be used without any restriction on the student's geographical home base, major area of study, race, sex, national origin, GPA or academic class status, as long as the student(s) is/are in good standing within the University. *(Please answer questions 7 & 8)*

_____ A restricted scholarship grant. *(Please proceed to questions 6, 7, and 8)*

6. **The Scholarship is restricted to students:**

_____ From a specific geographic locale. If so where: _____

_____ With a minimum grade point average of: 2.5 3.0 3.5 4.0

_____ With proven financial need _____ With artistic achievement as primary criteria

_____ Who are: Freshmen Sophomores Juniors Seniors Graduate Students

Other restrictions: _____

7. **Is the grant to be invested as an endowment fund and only the annual interest used for scholarships?**

___ Yes ___ No

(Note: There is a \$50,000 minimum contribution to establish an endowed fund)

8. **Will annual reports on the distribution of the awards be required from the University?** ___ Yes ___ No

(Note: Annual reports provided only on awards of \$1,000 or more) If yes, please provide name and address of contact person:

9. **Do we have your permission to publicize this gift?** ___ Yes ___ No

SIGNATURE: _____ **DATE:** _____