



Named Scholarship Agreement & Guidelines

Thank you for your interest in supporting the college aspirations of students in San Antonio ISD! This form is designed to facilitate the acceptance of scholarship funds to be awarded by the SAISD Foundation on your behalf and to assist students in determining if they are a possible fit for this scholarship.

1. Name of Scholarship (for website) _____
2. Please indicate how you would like this gift acknowledged:

3. Given by: _____
4. Amount of each scholarship award: _____
5. Number of scholarships awarded annually? _____
6. For how many years is each scholarship awarded? _____
7. Purpose of scholarship:

8. Is scholarship benefiting a specific school, specific program or District-wide? _____
9. If the scholarship is for a specific school, please list school name: _____
10. Please list any specific criteria for all scholarship awards. This may include area of study, GPA on a 100 point scale, income, or special interests.

11. Please list any additional information to ensure the scholarship is managed within the donor's intent.

12. Do you have a selection committee that wishes to select the winning student? _____
13. If so, what is the maximum number of scholarships your committee wishes to review? _____
14. It is our policy to pay scholarships to the college/university. In cases where the scholarship will negatively affect a student's financial aid, do you give permission to pay the student directly? _____





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Donations can be made payable to the SAISD Foundation with the fund name listed in the memo line and mailed to 2411 San Pedro, San Antonio, TX, 78212. Please note the SAISD Foundation operates as a 501(c)(3) Organization under Tax ID # 74-2861587. Arrangements can be made to accept credit cards and/or payments online with the donor selecting to cover the credit card fees to ensure the full amount of the intended scholarship gift is available to award to the student/s.

After visiting with staff of the SAISD Foundation and any necessary edits have been made, you will be asked to execute and sign this document.

I understand that these funds will be kept in a restricted fund by the SAISD Foundation for the purposes outlined above. I also understand that there will be a ~~one-time set-up fee of \$250~~ and a \$100 yearly maintenance fee to support the SAISD Foundation's management of the scholarship. The restricted purposes or criteria for this scholarship can be amended by an authorized person of this account by written request via mail, fax or email at any time.

Please note, in cases of inactivity for 24 months or more, restricted funds will revert to the SAISD Foundation's general scholarship fund to benefit SAISD students.

If the scholarship is not funded by January 31st of each year it will be suspended until the next year and will be removed from our website until funds are received.

Authorized persons for this scholarship include the following:

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Reporting regarding this scholarship should be sent to the following person/s.

Name: _____ Address: _____

Email: _____ Phone: _____

Name: _____ Address: _____

Email: _____ Phone: _____

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

Signature: _____ Date: _____

