

Scholarship Commitment Form

Contact Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

The following information will be used to award and publicize the scholarship.

Scholarship Name and Amount

Official name of scholarship: _____

In honor of: _____

In memory of: _____

Amount of contribution: _____

I would like this to be:

- ☐ A **named scholarship**, which can be established with a minimum gift of \$1,000, and the intention to fund annually for at least 5 years. Scholarships can be named for more than one individual or group, and can be named in honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your named scholarship fund.
- ☐ An **endowed scholarship**, which can be established and named with a minimum gift of \$10,000. Scholarships can be named in honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your endowed scholarship fund.
- ☐ Please note that one-time scholarships may be established with a minimum contribution of \$1,000. These scholarships will be reviewed and approved on a case-by-case basis.

Please see the scholarship criteria choices below and select the criteria you prefer.

- ☐ must be: ☐ new incoming student ☐ current MassBay student
- ☐ must be: ☐ full- and part-time students ☐ full-time student ☐ part-time student
- ☐ must have at least a minimum grade point average of _____
- ☐ if a current student, must have completed at least _____ credits
- ☐ must be enrolled in MassBay's _____ and/or _____ Program(s)
- ☐ other _____

Information about the individual(s) or organization(s) for which the scholarship is named:

1. The scholarship will be funded with an initial gift of \$_____.
2. When the scholarship fund reaches a balance of less than \$_____, the funds will be awarded to one student. The number of available scholarships will vary year by year, depending upon the amount of donations received.
3. Funds may be added at any time to increase the amount of this scholarship.
4. Should the purpose for which this scholarship was established cease to remain feasible, any remaining funds will be redirected by the MassBay Foundation. This redirection of funds will be consistent – to the extent reasonably possible – with the intent of the donor(s).

Public Recognition:

May the College publicly acknowledge this commitment? (Please note: By checking “yes,” you are authorizing the Foundation to list you as a donor in Foundation publications, such as the Foundation annual report.) ☐ Yes ☐ No

Please make checks payable to the **MassBay Community College Foundation** and return the completed scholarship commitment form, along with your contribution, to **The MassBay Foundation, MassBay Community College, 50 Oakland Street, Wellesley Hills, MA 02481. Telephone: (781) 239-3123; fax: (781) 239-2606; email: foundation@massbay.edu.**

By signing below, I agree to the terms outlined in this scholarship commitment form.

Donor’s signature _____ Date _____

Donor’s signature _____ Date _____

Executive Director of Foundation signature _____ Date _____

Thank you for supporting the students of MassBay Community College!