



CANTON COMMUNITY FOUNDATION

Cultivating Dreams. Enhancing Lives.

SCHOLARSHIP FUND APPLICATION

Building trusted partnerships to connect local resources with community needs.

50430 School House Rd, Suite 200, Canton, MI 48187 • 734/495-1200
www.cantonfoundation.org

Name of Scholarship:

(i.e., "Jane Smith Memorial Scholarship" or "Cherry Blossom Scholarship" — Cannot have word "foundation" at end of name.)

Primary Fund Contact:

(See definitions below)

Fund Founder Fund Advisor *(if applicable)*

Name _____
 Male Female

Address _____
 Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Fax _____

Email Address _____

Company/Organization Name _____

Title _____

Secondary Fund Contact:

(See definitions below)

Fund Founder Fund Advisor *(if applicable)* Fund Rep.

Name _____
 Male Female

Address _____
 Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Mobile Phone _____

Fax _____

Email Address _____

Company/Organization Name _____

Title _____

Fund Founder: *The donor(s) making the gift that will establish the scholarship fund.*

Fund Advisor: *Individual who can advise CCF regarding unique circumstances related to the scholarship fund should the Fund Founder be unavailable or unable to advise.*

Fund Representative: *Individual who has access to fund information but no advisory pledges.*

Fund Activity Statements:

Statements are published quarterly and mailed in hard-copy form, unless specified below:

- Please email electronic statements to me at address on pg. 1
- I do not wish to receive quarterly hard-copy statements.
- Mail quarterly hard-copy fund statements to fund contact.
- Also mail to additional Fund Advisors named on pg. 1.

Recognition: It is customary that the recipient of your annual scholarship send a thank you note. The note will be sent to the Foundation, and will then be forwarded on to you. Please specify below how you would like to be addressed (e.g. *Mr. and Mrs. Jim Smith, Jim and Jane Smith, the Smith Family Fund*).

Acknowledgements & Signatures:

I acknowledge that I have received and read the Canton Community Foundation's Donor Fund Terms & Conditions and agree to the terms, fees and conditions described therein. I understand any contribution, once accepted by the Canton Community Foundation's Board of Directors, represents an irrevocable contribution to the Canton Community Foundation. I understand CCF will use the information in this application to prepare a Scholarship Fund Agreement, which will be used by the Foundation to govern the fund. I hereby certify, to the best of my knowledge, all information presented in connection with this form is accurate, and I will notify the Canton Community Foundation promptly of any changes.

Donor or Agent Signature: _____

Print Name: _____

Date: _____

Donor or Agent Signature: _____

Print Name: _____

Date: _____

Scholarship Criteria Checklist:

Use this checklist as a guide to develop your unique criteria for your scholarship fund or funds. This is just a guide; feel free to customize your scholarship as you'd like. If you have any questions you can contact Beth Meade at 734-495-1200 or bmeade@cantonfoundation.org.

Recipient must attend a specific school or school district.

Yes No

If yes, indicate school name or district name: _____

Student be (check all that apply):

Grad. HS Senior Current college Non-traditional
 Other _____

Student must be planning to enroll in college:

Full time Part time Either full or part time

Miscellaneous Criteria:

Minimum grade point average required Yes No

If yes, what is the minimum? _____

Sport participation required Yes No

If yes, what sport(s)? _____

Attending specific college or university required Yes No

If yes, name of institution? _____

Chosen specific major required Yes No

If yes, what major? _____

Community service hours required Yes No

If yes, number required? _____

Successor Advisor Election (optional):

Fund founders may create a succession plan naming individuals to assume advisory privileges in the event of the Fund Founder death or inability to advise the fund. Successor advisor is entitled to name their successor.

Name _____ Male Female

Address _____ Permanent Seasonal Business

City _____ State _____ Zip _____

Home Phone _____

Email Address _____

Relationship to Fund Founder/Advisor

I do not wish to name a successor advisor.

In the event that the Fund Founder and/or Fund Advisor die or are otherwise unable or unwilling to act in this capacity and no successor advisors are named, the fund will be maintained in perpetuity as a separate fund of the Canton Community Foundation with scholarships issued according to the original criteria.

Miscellaneous Criteria Cont.:

Employment required Yes No

If yes, name of employer, length of employment, hours per week? _____

CCF requires an essay from all applicants asking why they have chosen a particular field of study and what activity (other than academics) do they spend the most time doing.

Would you like an additional essay question(s)? Yes No
If yes, what is your question(s)? _____

Any other unique requirements? Yes No

If yes, please indicate? _____

If you are offering more than one scholarship, is the criteria the

same for all of your scholarships? Yes No

If no, indicate differences or copy this page for each

scholarship: _____

Do you want financial need to pay a role in choosing your scholarship recipient(s)? Yes No

Final Scholarship Description:

Please use this page to indicate the order of importance of your criteria and to write the description of your scholarship (if you'd like). If you prefer, the CCF staff will write the description based on your criteria and submit for your approval. Your criteria and description can be changed and/or updated annually before the scholarship application goes live (approximately January 5 of each year).

Order of Importance:

- | | |
|----------|-----------|
| 1. _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

Description:
