



## SCHOLARSHIP DONOR INFORMATION FORM

Name of Scholarship: \_\_\_\_\_

Fund Balance: \$\_\_\_\_\_ as of (date) \_\_\_\_\_

### Donor(s) Contact Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Funding Frequency:

One time gift in the amount of \$\_\_\_\_\_

Annual contribution in the amount of \$\_\_\_\_\_ (donor plans to repeat the donation annually)

### Endowed Scholarships

Annual distribution of \_\_\_\_\_ (# of scholarships) in the amount of \$\_\_\_\_\_ per scholarship

### Scholarship Award Criteria:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Presentation of Scholarship:

I would like a Medina City Schools Foundation representative to present the scholarship on my behalf.

\_\_\_\_\_ will present the scholarship to the recipient.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Please submit your completed information to: [info@medinacityschoolsfoundation.org](mailto:info@medinacityschoolsfoundation.org) or  
Medina City Schools Foundation, P.O. Box 1035, Medina, OH 44258