

Scholarship Establishment Form – Glen Oaks Community College Foundation

Name of Scholarship: _____

Who / what is this Scholarship named for?

Why is this scholarship being created:

- As a tribute to someone? _____ Yes (Is this person living _____)
- Other reason:

Background Information

Please provide information about the person or firm for whom this scholarship is named:

Suggestions for a person: where/when born, where they live(d), education, occupation, personal interests, family life, and connection to GOCC.

Suggestions for a business: type of firm, date when the business began, describe relationship with the college, and the goal of this scholarship.

Person establishing the scholarship:

Date: _____
mm/dd/yyyy

Name: _____

Address: _____

Phone #: _____ E-mail: _____

This Scholarship Establishment Form is for the purpose of guiding the Glen Oaks Community College Foundation in the administration and use of the funds as outlined. The Foundation assumes a fiduciary responsibility in performing its duties as the recipient of the charitable gifts received.