

**APPLICATION TO ESTABLISH A SCHOLARSHIP
WITH THE
NEVADA JOINT UNION HIGH SCHOOL DISTRICT FOUNDATION**

This application is to help us understand what you desire for your proposed scholarship and to advise you of what we are able to do. A Scholarship may be established with the Nevada Joint Union High School District Foundation by submitting this completed application to the Foundation for approval.

A. Name of Scholarship _____

B. Name of Donor/Organization/Contact Person _____

C. Address _____

City _____ State _____ Zip _____

Phone# _____ Email _____

**Would you like your address to be shared with recipients in order to receive thank you letters and correspondence directly? Yes No*

D. Number of Scholarships to be issued each year _____

E. Amount to be awarded per scholarship (\$500 minimum suggested) \$ _____

F. All monies received by the Foundation for any scholarship account are donations and are non-refundable per the IRS regulations.

G. Scholarship funds with less than \$10,000 will be placed in a pooled interest bearing account and will be utilized by the Foundation as directed.

H. Scholarship funds with an aggregate amount over \$10,000 will be separately invested and an annual fee of .005% (½ of 1%) of the value of the fund will be charged for administrative costs. All scholarship funds will be invested in accordance with the NJUHSD Foundation Investment Policy Statement unless otherwise directed by the donor.

I. Scholarships will be paid as follows: Use of Principal and Earnings/Interest To meet designated annual award amount.

Please tell us what inspired you to establish a Scholarship

In Memory of _____

In Honor of _____

Other _____

J. Scholarship Eligibility Criteria:

1. Is there a minimum grade point average required? _____
If so, specify (A=4.0; B=3.0; or C=2.0) _____
2. Is financial need required? _____
3. Is there a specific major/field of study? (Specify) _____

4. Is this major/field required or preferred? _____

K. Donor Requirements:

1. Does the Donor wish to help the foundation board select the winner(s)? ___
2. Does the Donor wish to interview the applicant(s)? _____
3. Does the Donor wish to make this an on-going scholarship? _____
4. Does the Donor wish to make this a one-time scholarship? _____
5. Does the Donor wish to use a special application form that applicants need to complete? If so, please attach this form to this application.

The Scholarship Committee makes their determination in April/May and the awards are introduced at the Awards ceremony the first week of June each year. (Scholarships are awarded upon verification of student enrollment).

Signature of Donor

Date

(Donors should notify the Foundation Board whenever there is a change in contact person). Please mail completed forms to:

***NJUHSD Foundation
P.O. Box 1707
Grass Valley, CA 95945***

For office use only:

REVIEWED AND APPROVED BY THE NEVADA JOINT UNION HIGH SCHOOL
DISTRICT FOUNDATION BOARD OF DIRECTORS:

Signature _____

Title _____ Date _____
Scholarship Chairman

Signature _____

Title _____ Date _____
Chairman of the Board

