

Memorial Fund/Scholarship Fund Information Sheet

Name of School: _____

Name of Club: _____

Memorial Fund/Scholarship Fund Information Sheet

Fiscal Year: _____

Memorial/Scholarship Name: _____

Year Memorial/Scholarship Established: _____

Initial Amount: _____

Name of Donor: _____

Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

Email: _____

This Gift is in Memory Of: _____

Intended Purpose: _____

Selection Criteria: (attach application and essay instructions if applicable)

Annual Award: _____

Special Instructions: _____

Report prepared by: _____
Signature, Title and Date

Verified by ASB bookkeeper: _____
Signature, Title and Date

Principal/School Administrator or Designee: _____
Signature, Title and Date

Presented to ASB on: _____
Date

IRS regulations prohibit donors from selecting scholarship recipients. In some instances, donors may serve on scholarship selection committees as long as there are at least two other district representatives.

Donors may not request that their donations be returned to them once deposited by the district.

Donor: _____
Signature, Title and Date