

Eastern Gateway Community College
Foundation Office
4000 Sunset Boulevard
Steubenville OH 43952
740.264.5591 x405



EASTERN GATEWAY
COMMUNITY COLLEGE
FOUNDATION, INC.

Endowed Scholarship Donor Application

\$5,000 is required for named scholarship and donation may be made over time.

Name of Scholarship: _____ Date: _____

Contact Person for Scholarship: _____

Contact Person's Address: _____ City, State, Zip _____

Contact Person's Phone #: (____) _____ Cell: (____) _____

Contact Person's E-Mail Address: _____ @ _____

Date Scholarship is to start: _____

Original Amount Donated: _____

If annual payment plan is selected, please list amount and dates that additional payments will be made to your scholarship fund:

Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____

Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____

What amount of money from the original is to be awarded to a student each year?

Interest Only: _____ Designated Amount: \$ _____

If payment plan is selected, do you wish to give an additional \$100 annually to be awarded to a student each year until you reach the \$5,000 in principal or should the Foundation wait five years until the scholarship principal of \$5,000 has been reached:

Yes, I will give an additional \$100 annually _____ No, let the principal accumulate _____

Signature: _____

Provide any biographical information below about yourself or for whom you are naming the scholarship. For example, John Doe, a graduate of JCC in 1988, is currently administrator of blank hospital in Virginia.

After receipt of the initial scholarship donor request, we will contact you to develop the scholarship parameters.

**Return completed form to the address in upper left corner.
Checks made payable to EGCC Foundation Inc.**