



## Scholarship Interest and Commitment Form

### Part A: Contact Information

Donor(s) Name(s): \_\_\_\_\_

Contact(s) Name(s): \_\_\_\_\_

Title/Organization (if applicable): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part B: Type of Scholarship Fund

1. Establish an **endowed named scholarship**

**An endowed named scholarship** can be created and named with a minimum gift of \$35,000. The scholarship funds would be invested, and the interest that accrues each year would be awarded to students as scholarships. For example, at an estimated annual interest rate of 4 percent, \$1,400 would be generated each year. This amount would be divided evenly between the fall and spring semesters and awarded to a student. Scholarships can be named for more than one individual or group and can be named in honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your named scholarship fund. The fund must earn investment income for one calendar year before it will be awarded.

2. Establish an **annual named scholarship**

**An annual named scholarship** can be created with a minimum gift of \$3,000 per year for at least five years. The scholarship will be divided between the fall and spring semesters and awarded to a student at a level determined by the donor. Scholarships can be named for more than one individual or group and can be named in honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your named scholarship fund.

3. Contribute to an **existing scholarship fund**

The gift would be added to the existing fund and would increase the principal, which would then increase the amount issued on an annual basis in accordance with the scholarship selection criteria.

**Name of scholarship:** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

4. Contribute to an **existing campus general scholarship fund.**

The gift would be added to the existing campus general scholarship fund, and recipients would be selected by the HACC Foundation and HACC Financial Aid Office based upon specific criteria.

**Name of Campus or Unit:**

- Gettysburg Campus
- Harrisburg Campus
- Lancaster Campus
- Lebanon Campus
- York Campus
- Virtual Learning

**Amount:** \$ \_\_\_\_\_

**Part C: Selection Criteria for New Scholarship Fund**

- 1. Must be
  - o Full-time or part-time student
  - o Full-time student
  - o Part-time student
- 2. Must have at least a minimum grade point average of \_\_\_\_\_
- 3. Must demonstrate academic merit (minimum grade point average of 3.0)
- 4. Preference given to students who demonstrate financial need
- 5. Must attend HACC's \_\_\_\_\_ Campus
- 6. Must take Virtual Learning courses
- 7. Must be enrolled in HACC's \_\_\_\_\_ Program
- 8. Other: \_\_\_\_\_

**Part D: Scholarship Name for New Scholarship Fund**

Official name of scholarship: \_\_\_\_\_  
In honor of: \_\_\_\_\_  
In memory of: \_\_\_\_\_

Information about the individual(s) or organization(s) for which the scholarship is named:

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

**Part E: Scholarship Amount**

The total amount of the gift will be \$ \_\_\_\_\_.

The scholarship will be funded with an initial gift of \$\_\_\_\_\_.

The balance will be paid in equal payments of \$\_\_\_\_\_ over:

\_\_\_\_\_ months (*Note: You may select up to 12 months for annual named fund*)

or

\_\_\_\_\_ years (*Note: You may select up to five years for endowed named fund*).

My employer will match this gift. I will submit the necessary paperwork. Here is the company name: \_\_\_\_\_

**Part F: Acknowledgement and Recognition**

May we publicize your contribution?

Yes

No

If yes, may we include the donor name (as indicated on page 1 of this form)?

Yes

No

**Part G: Signatures**

Additional fund contributions may be made at any time. In the future, if the purpose of this scholarship is no longer feasible, the HACC Foundation will contact you to determine how any remaining funds should be used.

In the event your balance falls below the agreed upon amount and remains at that level for more than 12 months, the HACC Foundation reserves the right to transfer the money to an active fund. Prior to moving any money, you will be notified in writing and given 60 days from the date of notification to contribute to your fund in order for it to meet the minimum balance required.

***By signing below, you agree to the terms outlined in this form. If applicable, this information will be used to develop a memorandum of understanding (MOU) with the HACC Foundation.***

\_\_\_\_\_  
*Donor's Printed Name*

\_\_\_\_\_  
*Donor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Donor's Printed Name*

\_\_\_\_\_  
*Donor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of HACC Foundation Official*

\_\_\_\_\_  
*Signature of HACC Foundation Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title of HACC Foundation Official*

Please return this form to the **HACC Foundation, One HACC Drive, Harrisburg, PA 17110 or [foundation@hacc.edu](mailto:foundation@hacc.edu)**. Thank you for your consideration!