



Scholarship Account Request Form

REQUESTED BY: _____

Account Type: Permanently Restricted: *Pre-Endowment* *Endowment*
Temporarily Restricted: *Annual Scholarship*

Campus: **SJCC** **EVC** **Both**

Account Title: _____
(i.e. John Doe Memorial Scholarship or John Doe Memorial Annual Scholarship)

Purpose: _____

Sources of Revenue: _____

Scholarship Criteria: _____

Award Amount: _____

Total Gift Amount: _____

Contact:

Name	Title	Signature	Date
Phone		Email	

The individuals listed below will be the authorized signers on the Foundation account. All signatures required.

Advancement Coordinator

Name	Signature	Date
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Finance Representative: Abdul Idris

Name	Signature	Date
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Institutional Advancement Officer Lauri Adachi

Name	Signature	Date
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Scholarship accounts are charged a 1.5% administrative fee. Any account that remains dormant for 3 years will be consolidated into the Foundation's general account for foundation support of college activities.

OFFICE USE ONLY -Filled out by Finance Representative

Account Number: _____

Fund	Revenue	Expense	Date Account Opened
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