

## Named Scholarship Agreement

I/We wish to establish a scholarship with the Medical Lake Dollars for Scholars to benefit local students. This scholarship will be awarded as the:

\_\_\_\_\_

**Amount of Initial Gift:** \_\_\_\_\_

I/We understand that monies may be added to this initial gift at any time. We understand that this initial gift and any subsequent monies added will be invested in one of the following ways:

(Select one)

\_\_\_\_\_ in a separate account, and that the income generated by the scholarship will provide an annual scholarship in the amount of \$ \_\_\_\_\_ as available.

\_\_\_\_\_ to be used to continue in supporting students pursuing post high school accredited educational programs.

**Selection Criteria** (choose one option):

\_\_\_\_\_ I/We wish to have the following criteria used in final determination of the recipient of the \_\_\_\_\_ Scholarship:

- 1.
- 2.
- 3.
- 4.
- 5.

\_\_\_\_\_ I/We do not have any selection criteria at this time. We authorize the Medical Lake Dollars for Scholars to use its existing criteria.

**Award Presentation** (choose one option):

\_\_\_\_\_ I/We would like to stipulate that the following person(s) presents the \_\_\_\_\_ Scholarship at the annual award ceremony:  
\_\_\_\_\_ (contact information)

\_\_\_\_\_ I/We would like a representative of the Medical Lake Dollars for Scholars to present the \_\_\_\_\_ at the annual award ceremony on my/our behalf.

**Specials Terms:**

This agreement was made on \_\_\_\_\_ (date).

**Information of Donor:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/e-mail/fax of donor  
\_\_\_\_\_  
\_\_\_\_\_

Donor's Signature

Chapter President's Signature

\_\_\_\_\_