Endowed Scholarship Guidelines

Scholarship Name ______________________________________________________________

Person to contact concerning scholarship:

Name________________________________________________________

Address______________________________________________________________________

City____________________________State_________Zip_____________

Amount of initial gift____________________________________________

Stipulations for students receiving scholarships:

- From a particular state or region:  □ no  □ yes____________________
- A particular Grade Point Average: □ no  □ yes____________________
- A particular major: □ no  □ yes____________________
- A particular church affiliation: □ no  □ yes____________________
- A particular year or years: □ Sophomore □ Freshman □ Junior □ Senior
  □ No stipulations
- Can the same student receive the scholarship multiple years: □ no  □ yes
- Any additional stipulations: □ no  □ yes

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

If Warner University has a student they feel is worthy but does not meet all of the criteria, a Warner University representative from the Advancement office may contact me to discuss awarding assistance to that student. □ no  □ yes

________________________________________

Your signature

________________________________________

Date