

SCHOLARSHIP AGREEMENT
CARROLL COMMUNITY COLLEGE FOUNDATION, INC.

As a recognition of responsibility for assisting in the higher education of the citizens of Carroll County, I/We _____ would like to contribute to the Carroll Community College Foundation in the following manner:

Scholarship Name:

CREATE: _____ **CHANGE:** _____
ENDOWED SCHOLARSHIP: _____ OPERATING SCHOLARSHIP: _____

1. Number of recipients each academic year _____
or
College may take that judgment based on number of eligible applicants _____
2. Residency Preference _____ No preference: _____
CARROLL COUNTY: Mandatory _____ Preferred _____
3. Demonstrate Financial Need (as defined by the College Office of Financial Aid)
Yes _____
No _____
No preference _____
4. Enrollment Standard
Full time student _____
Part-time student _____
No preference _____
5. Academic Standing
2.0 _____ 2.5 _____ 3.0 _____ 3.50 or higher _____
No Preference _____
6. Number of credits completed at Carroll Community College _____
No preference _____
7. Degree seeking
Yes _____ No _____ No preference _____
8. Field of Study
Major _____ No preference _____
9. Additional restrictions on the scholarship:

This agreement entered into on _____ by the undersigned.

Donor

Date

Donor

Date

Executive Director

Date