



LETTER OF AGREEMENT

THE _____ ANNUAL SCHOLARSHIP

PURPOSE

The purpose of this LETTER OF AGREEMENT is to establish an annual scholarship and to insure that the desires of the donor are honored through the guidelines and criteria set forth in this agreement between _____ hereinafter referred to as “the donor” and Athens State University Foundation, hereinafter referred to as “the Foundation.”

GUIDELINES

The scholarship will be named the _____ Annual Scholarship, hereinafter referred to as the SCHOLARSHIP. The total amount of this SCHOLARSHIP will be \$_____. The SCHOLARSHIP will be funded with an ANNUAL gift of \$_____ from the donor(s) for a period of three (3) consecutive years or an aggregate gift of \$1,500.00 and must be received by the university by July 1 in order to award the scholarship at the beginning of the academic year.

The SCHOLARSHIP will be housed under the Athens State University Foundation Fund. The Office of University Advancement will acknowledge all gifts to the SCHOLARSHIP. The Office of University Advancement, the Foundation Scholarship Committee, and the Financial Aid Office will coordinate the administration of funds, selection of recipients, notification of persons requiring annual reports, and all other administrative functions relevant to the SCHOLARSHIP.

CRITERIA

Any student who meets the following criteria will be eligible to receive a scholarship through the _____ Annual Scholarship. The recipient(s):

EXAMPLE DRAFT CRITERIA

- Must be a full-time incoming or current student
- First Priority will be to a student from Alabama
- Must be pursuing a Bachelors of Science Degree in Education or a related field
- Must have a need for financial assistance. The scholarship is to be applied to tuition charges.
- The scholarship is a total award for one year.
- The scholarship recipient may reapply to be considered for the scholarship the next academic year.
- The scholarship will be listed in the University catalog.

THIS AGREEMENT is effective on _____. It is considered a gift made in good faith by the donors to support Athens State University in accordance with the terms of the agreement.

IN APPROVAL, the parties, through their authorized representatives, have affixed their signatures below.

DONOR

Name (s): _____

Signature: _____

Date: _____

Vice President for University Advancement

Name: _____

Signature: _____

Date: _____

President, Athens State University Foundation

Name: _____

Signature: _____

Date: _____