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Please review United Charitable's Scholarship Program Policy before completing this form. Please **PRINT CLEARLY** or type. Attach additional sheets if necessary.

Program Name: _____ Account #: _____

Scholarship Name: _____

Purpose of Scholarship: _____

Proposed Scholarship or Award Amount: \$ _____ One-time Yearly

Criteria that Applicants Must Meet: _____

Create & Attach Scholarship Application: Attached Submission at Later Date: _____

Deadline for Scholarship Application Submission: _____

When will the Scholarship or Award be Presented: _____

Where is the Scholarship Being Publicized: _____

Where will the Recipient be Publicized (attach proposed Press Release): _____

Scholarship or Grant Selection Committee:

1. Name: _____ Title: _____

Address: _____ Telephone: _____

City, State, Zip: _____ Email: _____

Relationship to Program Manager or Donors: _____

2. Name: _____ Title: _____

Address: _____ Telephone: _____

City, State, Zip: _____ Email: _____

Relationship to Program Manager or Donors: _____

3. Name: _____ Title: _____

Address: _____ Telephone: _____

City, State, Zip: _____ Email: _____

Relationship to Program Manager or Donors: _____

4. Name: _____ Title: _____

Address: _____ Telephone: _____

City, State, Zip: _____ Email: _____

Relationship to Program Manager or Donors: _____

5. Name: _____ Title: _____

Address: _____ Telephone: _____

City, State, Zip: _____ Email: _____

Relationship to Program Manager or Donors: _____

Program Manager Signature: _____ **Date:** _____

Print Name: _____ **Email:** _____

OFFICE USE ONLY:	Approved	Declined
Authorized Signature: _____	Process Date: _____	