

SEMR Foundation Scholarship Development Worksheet and Gift Agreement

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Eligibility requirements you would like to impose:

9. **SELECTION:** The SEMR Scholarship Committee will be responsible for the selection of the recipient(s) of the scholarship(s) based on the criteria established by the donor or creator of the scholarship. They shall establish an application and selection process and timeline for selecting the recipients. Alternate recipients can be designated in the event that the primary recipient becomes ineligible. If neither recipient is eligible to receive the award, the funds shall be returned to the donor's specific scholarship account.

Please indicate any guidance in determining criteria that should be used in selecting the recipient. In other words, when considering 2 equally qualified students, what factors should be considered to determine the most qualified student:

10. **APPLICATION FORM:** In addition to the general information required by the scholarship committee of all general scholarship applicants, the Scholarship Committee will create a special part of the SEMR application form with specific information required from those that want to be considered for your scholarship related to the criteria that the donor/creator has set.

Specific information you would like included on the application form:

11. **ANNOUNCEMENT OF RECIPIENT(S):** The scholarship recipient(s) will be informed of the committee's decision in late May and the scholarship presented at the annual SEMR Scholarship Luncheon to be held on _____, at _____. The donor/creator of the scholarship may participate in the presentation.

Indicate here if you would like to participate in the presentation: _____

12. **OTHER CONSIDERATIONS:** _____

CONTACT INFORMATION

Name: _____ Phone: _____

Mailing Address _____ Email: _____

My signature below confirms the above information to be an accurate reflection of my desire to create a scholarship through the South Everett/Mukilteo Rotary Club Foundation.

Name

Date