



Scholarship Establishment Form

Workforce Continuing Education

FUNDING OPTIONS

Endowed (Permanent) Scholarship Fund

- Minimum commitment = \$15,000
- *A signed endowment policy must accompany this form.*

Endowed Gift Amount: \$

Annual Named Scholarship

- Minimum initial contribution = \$1,000
- Annual Gift Amount: \$

PAYMENT DETAILS

Total scholarship gift pledged: \$

Please list this gift as anonymous

Payment method:

Cash

Payment in full (attached)

Check *(payable to the Wake Tech Foundation)*

Billed, to be paid in full within _____ years.

Credit Card

Annually \$

Stock

Quarterly \$

Monthly \$

*First bill date:

(m/d/yyyy)

SCHOLARSHIP AWARD INFORMATION

- **Scholarship Name:**
- **Scholarship Description:**
Reason for establishing this scholarship and a brief description of the company or individual you are honoring.

DONOR INFORMATION

Donor Name/Sponsoring Organization:

Contact Name:

Mailing Address

City

State

Zip

Phone:

Work Cell Home

Work Cell Home

Email:

SCHOLARSHIP CRITERIA

Area(s) of Study: *For a complete list visit*

<https://www.waketech.edu/programs-courses/non-credit/about-wce/registration/catalog>

• Other Preferences

• Special Considerations

Is this scholarship allowed to receive public donations (donations other than yours)? Yes No

Other considerations or requests:

SIGNATURE

My signature confirms the information provided on this form is accurate and represents my/my organization's scholarship preferences. I understand that if a suitable candidate cannot be identified the scholarship funds may be rolled over to the next award cycle.

Please accept my electronic signature

*Date
(m/d/yyyy)*

Foundation Office Use Only

Date (m/d/yyyy):

Received by (staff initials):

Added to BAM Spreadsheet

Curriculum Con Ed