



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