

Halifax Community College Foundation Inc. Scholarship Commitment Form

Contact	Name:			
	ation (if applicable):			
	:			
City:		State:	Zip: _	
	ne:			
The foll	owing information will be	used to award and publici	ze the scholarship.	
Scholar	ship Name and Amount			
	name of scholarship:			
	r of:			
In memo	ory of:			
	of contribution: \$			
I would	like to establish:			
[]	contribute to this scholar divided between the fall contribution, a student for the spring semester group and can be name or other individual or g scholarship fund. Pleas criteria you prefer.	p, which can be established arship on an annual basis. It and spring semesters and would receive a \$250 scho. Scholarships can be named in honor or memory of a group. These funds will be see see the scholarship crite.	My contribution amount was awarded to a student. Wis plarship for the fall semested for more than one individually member, a belove designated for your name tria choices below and selection.	will be ith a \$500 er and \$250 vidual or ed professor ed ect the
	☐ must have at least a :☐ must demonstrate fin☐ must demonstrate ac☐ must be enrolled in l	part-time student full-minimum grade point aver nancial need cademic merit (minimum g	rage of)
[]	\$5,000. The scholarship will be awarded to stud percent, \$200 will be go and spring semesters are would receive a \$100 se	hip, which can be establish p funds will be invested, and lents as scholarships. At an enerated each year. This and awarded to a student. We cholarship for the fall semmed for more than one ind	nd the interest that accrues a estimated annual interest mount will be divided betwith a \$5,000 contribution, ester and the spring semes	s each year t rate of 4 ween the fall , the student ster.

These funds will be designated	honor or memory of a family member, a beloved professor or other individual or group. These funds will be designated for your named scholarship fund. Please see the scholarship criteria choices below and select the criteria you prefer.				
	me student up full-time student part-time m grade point average ofneed				
☐ must be enrolled in HCC's	merit (minimum grade point average of 3.0) and/or	Program(s)			
	ganization(s) for which the scholarship is na				
The scholarship will be funded with an initial gift of \$ I and others may contribute additional funds at any time to increase the amount of the scholarship.					
3. In the future, if the purpose of this s academic program is discontinued),	the future, if the purpose of this scholarship is no longer feasible (for example, an eademic program is discontinued), the Foundation will contact me so that we can determine ow any remaining funds should be used.				
Public Recognition: May the Foundation publicly acknowledge Foundation to list you as a donor in Colleg ☐ Yes ☐ No	this commitment? (By checking "yes," you a e and Foundation printed materials).	re authorizing the			
By signing below, I agree to the terms out	lined in this scholarship commitment form.				
Donor's Printed Name	Donor's Signature	 Date			
Donor's Printed Name	Donor's Signature	 Date			
Printed Name of HCC Foundation Official	Signature of HCC Foundation Official	 Date			

Please mail this form and your contribution to *Halifax Community College Foundation Inc.*, 100 College Drive, P.O. Drawer 809, Weldon, NC 27890. Thank you for your gift!