

Physical Address: Mailing Address: 2421 Heritage Ct SW, 4th Floor Olympia, WA 98502 2011 Mottman Rd SW

Phone: Email: Olympia, WA 98512 (360) 596-5430 foundation@spscc.edu

SCHOLARSHIP COMMITMENT FORM

YES! I/We want to contribute to scholarships at South Puget Sound Community College through the College Foundation.

I am interested in:			
□ Contributing to a General Scholarship fund <i>(not criteria based)</i> \$			
☐ Establishing a NEW annual scholarship (\$1,000 minimum) \$			
☐ Establishing a NEW endowed scholarship (\$25,000 minimum; payable over multiple years)			
☐ Contributing to an annual scholarship while the above endowment builds: \$			
☐ Contributing to an existing scholarsh	ip:		
☐ Providing additional funds through a	Planned Gift and/or a Bequest.		
Payment options:			
Please complete the SPSCCF Pledge (Commitment Form.		
The Foundation is a non-profit organization authorized under section 501(c)(3) of the Internal Revenue Code. Tax exempt ID # 91-1174940. Gifts to the Foundation are tax deductible to the extent allowable by law. In support of general operating costs, a one-time fee of 5% will be assigned to all donations. Endowments will incur a fee of up to 2% annually. *Gifts made directly from an IRA and gifts of appreciated securities to qualified public charities may have additional tax benefits for the donor. Please consult with your tax professional before making such a gift.			
Donor Information:		☐ I wish to remain anonymous.	
Name(s) (please print)			
Organization (if applicable)	Contact Person		
Address, City, State, Zip			
Phone: Work	Ноте	Cell	
Email			
Signature(s)		Date	
Scholarship Information:			
Name of Scholarship			

Basic criteria: All scholarship applications are evaluated based on a standard set of criteria which includes the following: an application letter which exhibits commitment to a chosen field of study; recommendation letters from faculty or community members; and leadership and community service activities.

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You may also specify the	ne following, if desired:		
General field or area of s	tudy?		
YES! By checking this box, I agree if an application is not received which meets the criteria I have specified above, the scholarship should be awarded to any deserving applicant. No funds should sit idle during the awarding period.			
Please tell us your stor	y. Why are you establishing th	is scholarship? (Attach additional pages if needed.)	
☐ Yes, you may use my	story on the website and in public	cations.	
☐ Yes, I have enclosed a	a photo.		
Scholarship Represent	ative Information:		
	e donor listed on page one will be de the Scholarship Representativ	e handling the details regarding this specific re Contact Information below.	
Representative's Conta	ct Info:		
Name(s) (please print)			
Phone: Work	Home	Cell	
Email			
Recognition Reception	Invitee:		
Please list an individual v	vho should be invited if represent	ative is not available.	
Name (please print)			
Phone	Email		
☐ SPSCCF Pledge Commitment F	orm has been received.		
Date Received:		2	