

Scholarship Agreement

Name of Scholarship _____

Donor Information

Name(s) _____

Affiliation with Gustavus _____

Reason(s) for helping students _____

Other information about Donor(s)

(This information will be in publications that Gustavus produces from time to time. At the time of this agreement publications include the annual Honors Day Program. The scholarship will be listed in the year of its establishment and every subsequent year that it is awarded.)

Purpose and Selection of Recipients

The purpose of this Scholarship Fund is to provide encouragement to young men and women who desire a Gustavus education. It is the intent of the donor(s) that this Scholarship be awarded to students for whom financial aid is essential in order to permit them to attend Gustavus. The Director of Student Financial Assistance or other duly constituted officer is responsible for initiating the scholarship selection process. Scholarships awarded shall be in accordance with established College policy.

Funding

This is an annual commitment for four years at \$ _____ per year from _____ to _____.* The donor(s) reserves the right to renew this scholarship and/or establish an endowed scholarship at the end of this commitment.

** The minimum amount for this agreement is \$2,500 per year for four years (\$10,000 total). Gifts must be received by December 31 in order for the scholarship to be awarded in that current academic year.*

Established by

Signature _____ Date _____

Signature _____ Date _____



800 West College Avenue, St. Peter, MN 56082
800/726-6192 • 507/933-7512 • giftplanning@gustavus.edu

I/we want to help give the gift of Gustavus to students.

Step 1

Name _____ Alumni Yr _____ Parent Friend
 Name _____ Alumni Yr _____ Parent Friend
 Address _____
 City/State/ZIP _____
 Preferred e-mail address _____
 Home phone _____ Business phone _____

Step 2

My/our gift or pledge is for the following purpose(s):

<input type="checkbox"/> Current Operating Expenses The Gustavus Fund\$ _____ Other; describe (e.g., current scholarships): _____ _____ _____\$ _____	<input type="checkbox"/> Endowment Faculty Development.....\$ _____ Endowed Scholarship\$ _____ Other; describe (e.g., chair, research, purpose): _____ _____\$ _____	<input type="checkbox"/> Capital/Building Projects Describe (e.g., Old Main): _____ _____ _____ _____\$ _____
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My/our commitment for the support described above totals \$ _____.

Step 3

I/we intend to give this gift in the following way:

The total of \$ _____ is enclosed.
 A partial gift of \$ _____ is enclosed. The remaining amount will be completed by ____/____/____.
 Please charge my Visa MC AMEX credit card # _____ Expiration ____/____
 \$ _____ now \$ _____ monthly \$ _____ quarterly \$ _____ annually (mo/yr ____/____)
 I/we prefer to make payments extending over a period of _____ years. Please send gift amount reminders according to the following payment schedule:
 quarterly (months ____/____/____/____), \$ _____ each quarter
 annually (month/year ____/____), \$ _____ each year

Notes on pledge and/or payment intentions: _____

Step 4

My/our gift will be matched by (company): _____
 Please complete company matching gift application (paper or on-line) and inform Gustavus.

Step 5

I/we have included Gustavus in my/our estate plans.
 The kind of estate and/or future gift and its approximate value today are:
 Bequest with a present value of \$ _____
 Life insurance with a face value of \$ _____
 Life income agreement (e.g., gift annuity, unitrust, etc.) with a present value of \$ _____
 Other; describe: _____ with a present value of \$ _____

I/we would like to receive information about:
 including Gustavus in my/our estate plans
 Gifts that provide an income
 Giving through an automatic monthly bank draft process

Step 6

Signature _____ Date _____
 Signature _____ Date _____

Contributions are tax deductible to the extent provided by law. Checks should be made payable to Gustavus Adolphus College. A modest portion of your contribution may be used for fundraising expenses. Donors' gifts are recognized periodically in publications of the College (e.g., donor directory, Honors Day program, scholarship reports). Donors wishing not to be recognized should contact the Office of Institutional Advancement, 800 West College Avenue, St. Peter, MN 56082; phone 507/933-7512 or 800/726-6192; e-mail<giftplanning@gustavus.edu>.