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 and 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):
☐ Current Operating Expenses
  The Gustavus Fund ..............$______
  Other; describe (e.g., current scholarships):
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

☐ Endowment
  Faculty Development ..............$______
  Endowed Scholarship ..............$______
  Other; describe (e.g., chair, research, purpose):
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

☐ Capital/Building Projects
  Describe (e.g., Old Main):
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

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>.