

"NEW Scholarship" Directive

Date _____

School year to go into effect _____ / _____

We must have something on file that will give all of the pertinent information required to fulfil the wishes of the Scholarship Grantor. It must state the following:

Please list **contact information** of person(s) initiating and the decision making of this scholarship. In the event that this person is no longer able to be reached, the contact person(s) for scholarship decisions will be moved to the high school representative that scholarship is offered at.

Name _____

Name _____

Business Name _____

Business Name _____

Address _____

Address _____

Email _____

Email _____

Phone () _____

Phone () _____

Any additional contacts that we should be knowledgeable of, including High School Contact:

Name _____

Name _____

Business Name _____

Business Name _____

Address _____

Address _____

Email _____

Email _____

Phone () _____

Phone () _____

Living Scholarship

Memorial scholarship

ONE (1) time

Annual

Duration of scholarship Funds

1yr ___ yrs 5 yrs Until Depleted

Dollar amount of Scholarship to be given: \$ _____ District held funds Privately held funds

Short paragraph of detailed history:

Scholarship Criteria (Example: GPA, Extracurricular Activities, Character, etc):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How the recipient is to be chosen: (may be listed as a selection committee comprised by the high school)

This scholarship to be made available at:

School District 5 ONLY (including Linderman Education Center)

FHS Only GHS Only LEC Only

Scholarship application approved

Scholarship application being drafted

I have the authority to initiate/prepare/authorize a scholarship to be offered within Kalispell Public School District 5 as stated in the above information.

Signature

Dated _____

Printed Name