**Scholarship Intent Form**

Black River Technical College

**Donor Name** (May be a company, a family, an organization, individual, etc.)

**Name of Scholarship**

**Name of individual(s) to be honored with this scholarship, if applicable**

**Annual amount of scholarship**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Award Schedule** | | |  |  | **Scholarship To Be Awarded to** | |
|  | **Semester** | **$ Amount** |  |  | First-time entering freshman | |
|  | Fall |  |  |  | Second-year student | |
|  | Spring |  |  |  | Non-traditional student (over age 24) | |
|  | Summer 1 |  |  |  | 1st generation student (1st in family to receive degree) | |
|  | Summer 2 |  |  |  | No restrictions | |
|  |  |  |  |  | Other: |  |

**Scholarship Criteria**Please indicate below your preferred selection process for this scholarship (student initiates application, faculty nominates student, committee selection, past scholarship recipients can/cannot reapply, etc.)

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**Other Information**Please identify any other information pertaining to this scholarship.

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* I give my permission for appropriate publicity of this scholarship.
* I prefer no public announcements regarding my role in awarding these funds.
* I prefer the following publicity of this scholarship:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Date** |  |  | **Donor Signature** |
|  |  |  |  |
|  |  |  |  |
| **Date** |  |  | **Donor Signature** |
|  |  |  |  |
|  |  |  |  |
| **Date** |  |  | **Donor Signature** |
|  |  |  |  |
|  |  |  |  |
| **Date** |  |  | **Development Signature** |