**Scholarship Intent Form**

Black River Technical College

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| **Donor Name** (May be a company, a family, an organization, individual, etc.) |
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| **Name of Scholarship** |
|  |
| **Name of individual(s) to be honored with this scholarship, if applicable** |
|  |
| **Annual amount of scholarship** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Scholarship Recurrence** |  |  | **Recipient may reapply** |
|[ ]  One-time only |  |[ ]  Next semester |
|[ ]  Recurring each semester |  |[ ]  Not during same year scholarship was received |
|  | [ ]  Including summers |  |[ ]  May not reapply again |
|  | [ ]  Excluding summers |  |[ ]  Other |
|[ ]  Recurring until |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **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) |
|[x]  Summer 2 |  |  |[ ]  No restrictions |
|[ ]  One-time |  |  |[ ]  Other: |  |

 **Scholarship Criteria**Please indicate the following below:

* Selection process (faculty-nominated, committee selection, student initiates app, essay, etc.)
* Which students may apply (single parents, county residents, pursing certain degrees, etc.)
* Financial status (low-income, any student, non-low income, etc.)
* GPA (Minimum/maximum GPA, GPA maintained during scholarship, no stipulations, 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:

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| --- | --- | --- | --- |
|  |  |  |  |
| **Date** |  |  | **Donor Signature** |
|  |  |  |  |
|  |  |  |  |
| **Date** |  |  | **Donor Signature** |
|  |  |  |  |
|  |  |  |  |
| **Date** |  |  | **Donor Signature** |
|  |  |  |  |
|  |  |  |  |
| **Date** |  |  | **Institutional Advancement Signature** |