



SCHOLARSHIP SPONSOR FORM

Thank you for your support! Please complete the following information to identify your preferences and priorities in selecting award recipients. Return the completed form to the WNCC Foundation Office, 1601 East 27th Street, Scottsbluff, NE 69361; (308) 630-6550. Please note that the more restrictions or requirements scholarships have, the more difficult it is to award funds.

Official Title of Scholarship (for promotion and publication)

Sponsor/Donor

Name _____ Phone _____

Address _____ City/State/Zip _____

Fax number _____ E-mail _____

Contact Person (Please notify us if any contact information changes.)

Name _____ Phone _____

Address _____ City/State/Zip _____

Fax number _____ E-mail _____

Funding (check all that apply)

_____ **Award amount \$** _____

- Check enclosed.
- Donor will send check to WNCC by _____ (date).
- Donor requests WNCC bill the donor/contact person
 _____ annually or
 _____ by semester/term.

_____ **Scholarship is endowed with the WNCC Foundation. Annual award will vary based on investment growth.**

Administration of the scholarship should be as follows: (check all that apply)

_____ WNCC will choose recipient and send name to donor.

_____ WNCC will choose recipient and have recipient contact donor at number above.

_____ Donor will select recipient, notify WNCC and send a check to: _____ recipient _____ college.

Other _____

(continued on back)

The recipient should have the qualifications listed below: (circle all that apply)

1. A resident of a particular state, county, area, etc.: Yes No
 If yes, please specify: _____
2. A graduate of a particular high school(s): Yes No G.E.D. acceptable
 If yes, please specify: _____
3. Majoring in a particular program of study: Yes No
 If yes, please specify: _____
4. Have a minimum grade point average or higher on previous academic work: Yes No
 If yes, 2.0 (C) 2.5 3.0 (B) 3.5 4.0 (A) no preference
5. Enroll at least: full-time (12+) ¾ time (9-11) ½ time (6-8) no preference
6. Be a: freshman (0-29 credit hrs completed) sophomore (30+ credit hrs completed) no preference
7. Demonstrate financial need: Yes No no preference
8. Attend a particular campus: Alliance Scottsbluff Sidney any

Use of funds: tuition fees books no preference

Unless otherwise specified, WNCC will permit funds to be used for any education-related expenses.

Limitations, if any, placed on the use of funds: If yes, please specify: _____

Is the scholarship renewable? Yes No

If Yes: Student must reapply each year

Automatically renew scholarship up to ____ semesters if student continues to meet criteria

Please list any other issues, criteria or important information about this scholarship:

Sponsor signature: _____ **Date:** _____

THANK YOU FOR YOUR SUPPORT!

**WNCC Foundation Office • 1601 E. 27th Street • Scottsbluff, NE 69361
(308) 630-6550 • fax (308) 630-6552**

Financial Aid Office use only

- No corrections needed
 Please correct as indicated

Financial Aid initial _____ Date _____