



Memorial Fund/Scholarship Fund Information Sheet

Name of School: \_\_\_\_\_

Name of Club: \_\_\_\_\_

**Memorial Fund/Scholarship Fund Information Sheet**

Fiscal Year: \_\_\_\_\_

Memorial/Scholarship Name: \_\_\_\_\_

Year Memorial/Scholarship Established: \_\_\_\_\_

Initial Amount: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

This Gift is in Memory Of: \_\_\_\_\_

Intended Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Selection Criteria: (attach application and essay instructions if applicable)

\_\_\_\_\_

\_\_\_\_\_

Annual Award: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Report prepared by: \_\_\_\_\_  
Signature, Title and Date

Verified by ASB bookkeeper: \_\_\_\_\_  
Signature, Title and Date

Principal/School Administrator or Designee: \_\_\_\_\_  
Signature, Title and Date

Presented to ASB on: \_\_\_\_\_  
Date

IRS regulations prohibit donors from selecting scholarship recipients. In some instances, donors may serve on scholarship selection committees as long as there are at least two other district representatives.

Donors may not request that their donations be returned to them once deposited by the district.

Donor: \_\_\_\_\_  
Signature, Title and Date