

**Dexter Community Schools  
Internal Activity Accounts  
Intent to Offer Student Scholarship Form**

Date \_\_\_\_\_

Name of Scholarship \_\_\_\_\_

The scholarship was established for \_\_\_\_\_  
\_\_\_\_\_

**Sponsoring Group/Individual:**

Miscellaneous Donations

Individual/Organization

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone  home  mobile  work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Scholarship amount \$ \_\_\_\_\_ Number of scholarships \_\_\_\_\_

Date/event scholarship to be awarded \_\_\_\_\_

Scholarships to be awarded school years \_\_\_\_\_

**Funding source (please check all that apply)**

Payment to Dexter Community Schools

Check will be issued from the sponsor directly to the student

Student/School Activity Account - DHS Scholarships

Revenue 29-0179-0000-757-0000-00913

Expense 29-1296-7920-757-0000-00913

Student/School Activity Account – Name \_\_\_\_\_

Revenue 29-0179-0000-\_\_\_\_-0000-\_\_\_\_\_

Expense 29-1296-7920-\_\_\_\_-0000-\_\_\_\_\_

Other (please describe) \_\_\_\_\_

**Application/selection process (please check all that apply)**

DHS Senior's Scholarship Application

Separate application available from \_\_\_\_\_

Dexter staff selects recipient (indicate staff member) \_\_\_\_\_

Donor/donor committee selects recipient (indicate contact) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Scholarship criteria (or attach) \_\_\_\_\_  
\_\_\_\_\_

Other information \_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_