

**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 _____