

Date: _____



SCHOLARSHIP ESTABLISHMENT FORM 2022

Thank you for establishing a scholarship with Grant Professionals Foundation (GPF)! Please make sure you read all of the requirements. If you have any questions, please email to info@grantprofessionalsfoundation.org.

For your established scholarship, you understand and agree to the following requirements:

*Payments for each chapter restricted scholarship must be received in full prior to the first day of the application cycle in which the scholarship will be awarded. In the following years, the scholarship must be fully funded prior to the end of the application cycle in order to be awarded.

*Criteria provided for your scholarship below will be effective for **three years**. Changes may be made in writing two months before the scholarship cycle opens for the scholarship you are establishing.

*Established scholarship will follow the GPF application, timeline, selection process, rules, and regulations.

***For Membership scholarships**, chapter dues are not included. However, you may include the payment of local dues in the scholarship details (typically \$25).

***For National Conference Registration scholarships**, scholars who are not GPA members will receive a one-year GPA Professional Membership with their award (this is required for nonmembers).

SCHOLARSHIP NAME: _____

- Type:**
- GPA Professional Membership (\$220+)
 - GPA National Conference Registration (\$550+)
 - GPA Early Career Membership (\$160)
 - GPA National Conference Registration – nonmember (\$780+)
 - GPA Student Membership (\$92)
 - GPCI Exam Fee (\$639+)

Scholarship Amount: \$ _____

Date: _____

Scholarship Amount includes _____

(e.g. travel or hotel expenses at a specific amount in addition to the registration.)

Purpose: _____

Donor: _____

Address: _____

Phone: _____ Email: _____

Contact: _____

Phone: _____ Email: _____

Eligibility Criteria for the Scholarship:

- Agree to comply with the Terms of the Scholarship (*See attached*).
- Must be a member of the _____ Chapter of the GPA (*Optional*).
- _____
- _____

Additional Criteria and/or Restrictions for the Scholarship:

- Priority consideration given to/for: _____ (Optional)
- _____
- _____

By signing this form, I am agreeing with the GPF requirements and process for creating and funding a GPF scholarship. Further, I attest that I have the authority to establish the scholarship with the criteria listed on this form.

Signature of Organization Representative/Self

Date

Please submit this form, along with payment *prior to the first day of the application cycle in which the scholarship will be awarded to:*

Kristi Crawford, GPC, GPF Secretary & Scholarship Chair