

Date: _____



SCHOLARSHIP ESTABLISHMENT FORM

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

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

* Payments for each 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 to be awarded.

* Establishing a restricted scholarship is a minimum of a **three-year** funding commitment and the criteria you provide below will apply for each year. Scholarships are considered automatically renewed until terminated by the funder. Changes to criteria or scholarship amounts may be made in writing two months before the scholarship cycle opens for the scholarship.

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

* **For Membership scholarships**, please indicate if chapter dues are included.

* **For GrantSummit scholarships**, this is awarded at the GPA member rate unless otherwise stated. Those recipients who are not members will have their registrations adjusted. A GrantSummit scholarship including a GPA membership may also be established.

SCHOLARSHIP NAME: _____

- Type:**
- GPA Professional Membership: \$230+
 - GPA Early Career Membership: \$169+
 - GPA Student Membership: \$98+
 - GPA GrantSummit Registration – GPA Member: Virtual - \$350; In-Person - \$695
 - GPA GrantSummit with GPA membership - (Virtual - \$629; In-Person - \$975)
 - GPCI Exam Fee (\$639)
 - GPCI CMP (\$210)

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 and Requirements for the Scholarship:

Please list any specific criteria you want scholars to meet or be used by the awarding committee. For example, "must be a member of XXX Chapter of GPA", "Priority consideration will be given to XXX". Note that ALL scholars must agree to comply with the Terms of the Scholarship (see attached).

- Must be a member of the _____ Chapter of the GPA (Optional).
- Priority consideration given to/for: _____ (Optional)
- _____
- _____

By signing this form, I agree 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:

Brad Philbrick, GPF Scholarship Chair

Checks from individuals and chapters should be remitted to GPF at: 10540 Marty Street, Suite 204, Overland Park, KS, 66212. Any individual can pay with a credit card online after the scholarship is established at: <https://grantprofessionalsfoundation.org/donations> or contact Alicia Cook @ GPA (alicia@grantprofessionals.org) for further assistance.