

Date: _____



SCHOLARSHIP ESTABLISHMENT FORM

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

Requirements to establish a scholarship:

*All restricted scholarships must be funded **in full before** 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.

*Establishing a restricted scholarship is a minimum of a three-year funding commitment. The criteria provided for the scholarship below will be effective for **three years**. Changes may be made in writing two months before the scholarship cycle.

*All established scholarship(s) will follow the GPF application, timeline, selection process, rules, and regulations.

* **Membership scholarships** - Chapter dues are not required but may be added.

* **GrantSummit scholarships** – Non-members may apply; scholarships will be awarded at the GPA member rate and invoices will be adjusted.

***GPC Exam scholarships** – Non-members may apply; scholarships will be awarded at the GPA member rate and invoices will be adjusted.

SCHOLARSHIP NAME: _____

- Type:**
- GPA Professional Membership (\$230*)
 - GPA Early Career Membership (\$169*)
 - GPA Student Membership (\$98*)

 - GrantSummit Registration – In Person (\$695*)
 - GrantSummit Registration – Virtual (\$350*)

 - GPCI Exam Fee (\$639*)

*These are the 2024 prices for each item and may be adjusted annually.

Date: _____

Scholarship Amount: \$ _____

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 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 information *prior to the first day of the application cycle in which the scholarship will be awarded to:*

info@grantprofessionalsfoundation.org and a copy to Alicia Cook, alicia@grantprofessionals.org