

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.

Requirements to establish a scholarship:

*All restricted scholarships must be funded 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 the scholarship below will be effective for **three years**. Changes may be made in writing two months before the scholarship cycle.

*Established scholarship 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 member rate and invoices will be adjusted.

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

SCHOLARSHIP NAME: _____

- Type:**
- GPA Professional Membership (\$235)
 - GPA Early Career Membership (\$172)
 - GPA Student Membership (\$100)

 - GrantSummit Registration – Ful/In-person (\$840)
 - GrantSummit Registration – Partial/Virtual (\$375)

 - GPC Exam Fee (\$639)
 - CMP Renewal Fee (\$210)

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:

Alicia Cook – alicia@grantprofessionals.org
Grant Professionals Association