**SPAULDING HIGH SCHOOL**

**CENTRAL VERMONT CAREER CENTER**

**SCHOLARSHIP AWARDS PROGRAM**

**GIFT ACCEPTANCE AGREEMENT**

**SECTION A**

**1. DONOR INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized representative (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. FORM OF GIFT**

\_\_\_\_Cash gift (check, money order or wire transfer) in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Other (bequests, marketable securities, annuities, trusts, life insurance, etc.) Please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. GIFTING TERMS**

The SHS Scholarship Trust oversees the management of the scholarship and award funds. The Trust accepts gifts intended for perpetual awards, long-term awards, and annual donor awards. Please select one of the following:

\_\_\_\_**Perpetual Award Gift**

*A minimum donation of $5,000 is required to establish a perpetual award. The funds will be invested in a manner intended to preserve principal, develop capital appreciation and provide income sufficient to fund the award(s). Funds held in perpetuity are subject to investment and administrative fees. Details are available upon request.*

\_\_\_\_**Long-term Award Gift (Invested)**

*At the donor’s request, a donation of $5,000 or more may be invested for growth and income, but with a specified term for distribution. Invested funds are subject to investment and administrative fees. Details are available upon request.*

\_\_\_\_**Long-term Award Gift (Non-invested)**

*A donation of less than $5,000 will be held in a cash account. Annual awards will be made until such time as the account balance is depleted. Donations may be added to the account at the donor’s discretion. The donation may also be co-mingled and held in the Principal’s Scholarship Award, a fund in perpetuity.*

\_\_\_\_**Annual Donor Award Gift**

*A donation in the total award amount will be made annually and must be received no later than May 1st by the Trust. The funds will be held in a cash account and disbursed to the recipient(s) at the award ceremony.*

**SECTION B**

**1. TITLE OF AWARD**

Enter the designated name of the scholarship or award:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. AWARD TERMS**

***Type of Award*** – Select one of the following:

\_\_\_\_Educational Scholarship Award (recipient must be pursuing post-secondary education)

\_\_\_\_Recognition Award (recipient may or may not be pursuing post-secondary education)

***Value and Number of Award(s)*** -

Annual Award Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Number of Awards\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Unless otherwise specified, the value and number of awards for funds held in perpetuity will be determined by the provisions of Section 6.0 of the SHS Scholarship Trust Investment Policy Statement.*

***Selection Criteria***

Qualifications –

Is the recipient required to have attended SHS or CVCC for a stated period of time? \_\_\_Yes \_\_\_No

If yes, please provide criteria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Achievement –

Is the recipient required to have maintained a specified GPA while at SHS or CVCC? \_\_\_Yes \_\_\_No

If yes, please state GPA requirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the award intended for excellence in subject area(s)? \_\_\_Yes \_\_\_No

If yes, please state subject area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Artistic Achievement –

Is the award intended to recognize student achievement in the arts, i.e. performing arts, visual arts, graphic arts? \_\_\_Yes \_\_\_No

If yes, please indicate area of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Achievement –

Is the award intended to recognize student achievement in athletics? \_\_\_Yes \_\_\_No

Is the award intended for a student participating in a designated sport? \_\_\_Yes \_\_\_No

If yes, please state designated sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Criteria –

Are other criteria to be considered in selecting the award recipient(s), i.e. citizenship, community service, school spirit, good conduct, etc.)? \_\_\_Yes \_\_\_No

If yes, please provide criteria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Study –

Is the award limited to further education in a specific career field? \_\_\_Yes \_\_\_No

If yes, please state career field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-

Financial Need –

Will student financial-need be considered in selecting the award recipient(s)? \_\_\_Yes \_\_\_No

Term of Study –

Is the award restricted to students enrolled in a 4-year degree program? \_\_\_Yes \_\_\_No

No Specified Criteria –

The criteria for selection of the award recipient will be at the discretion of the Scholarship Awards Committee if no criteria have been selected.

***Provisions for Educational Scholarship Awards***

Will the recipient be required to maintain a specified GPA while in college? \_\_\_Yes \_\_\_No

If yes, please indicate GPA requirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the recipient fails to attain the required GPA, will the award remainder be forfeited, in full, in part, or be subject to other provisions?

Please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other stipulations for the award payments, i.e. first payment after the successful completion of semester one; substantially equal distribution during enrollment period; provisions for deviation from intended course of study or deferral of education? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Recipient(s) Selection***

The Educational Scholarship Award recipients will be selected by the SHS or CVCC Scholarship Awards Committee*.*

The selection of Recognition Award recipient(s) may be delegated, at the donor’s discretion, to an administrator or faculty member.

If this gift is for a Recognition Award, will the recipient(s) be selected by a designated party other than the Scholarship Awards Committee? \_\_\_Yes \_\_\_No

If yes, please indicate designated party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Award(s) Presentation***

A designated person may be selected to present the award(s) at the annual award ceremonies.

If no party is named below, the presentation will be made by a member of the Scholarship Awards Committee, school administration or faculty.

If a written statement is to be read at the presentation, please provide a copy with this form.

Presenter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. DISBURSEMENT OF AWARD(S)**

3.1 Awards in the amount of $500.00 or less will be disbursed to recipients upon the announcement of the award recipient.

3.2 Awards in excess of $500.00 will be disbursed directly to the educational institution at which the recipient is enrolled. Funds will be held for the benefit of the recipient for a period of 5 years. Any uncollected funds will be forfeited and returned to the Scholarship Trust account.

**4. CONSENT CLAUSE**

This Agreement constitutes the entire agreement between the parties. The parties understand and consent to all terms and provisions of the Agreement, and will execute all documents that are reasonably necessary to enforce this Agreement.

The parties have executed this Agreement on \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gift Donor or authorized representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Board of Trustees

Spaulding High School Scholarship Trust

**5. RECEIPT AND CONSENT**

On behalf of the Scholarship Awards Committee, I acknowledge receipt of this agreement and consent to abide by the terms and conditions stated herein. The Committee will use due diligence in executing its duties to ensure the donor(s) intent is fulfilled.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal, Spaulding High School Date

**OR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, Central Vermont Career Center Date

Form GAA (7/2015)

Revised 4/2017, 8/2017