



Scholarship Naming Agreement

FORMAL SCHOLARSHIP NAME: _____

Example: Papillion-La Vista Schools Foundation Scholarship in Memory of . . .

Or: Papillion-La Vista Schools Foundation Scholarship Honoring . . .

Contact Person: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Second Contact Person: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

Please check one of the following:

- Named scholarship with matching Foundation Funds

*Named scholarship with scholarship awarded based on criteria established by the Foundation

** Scholarship agreements must be submitted by November 1st of the preceding year before the award is made

- Named scholarship without matching funds

* Named scholarship and criteria designated for awarding the scholarship

** Scholarship agreements must be submitted by November 1st of the preceding year before the award is made

Criteria for awarding scholarship: _____

Preference to be considered: _____

The Foundation is directed to take the following steps if no student meets the above criteria:

- Award no scholarship and hold funds until next year
- Award the scholarship at the discretion of the Foundation Scholarship Committee

Please provide a short biography of the individual the scholarship is named for that may be shared with the recipient.

Would you like to be included in the presentation of the scholarship at Honor’s Night?

- Yes
- No

Signature of Major Donor: _____ Date: _____