

Josephine County Educational Fund Scholarship Establishment Form



Scholarship/Fund Name: _____

Established by: _____

Address: _____

Phone: _____ E-mail: _____

Initial Amount: \$ _____ Anonymously? Yes No

General guidelines for scholarship award and/or use of fund:

High School Preference (if any): All ___ GPHS ___ HVHS ___ IVHS ___ NVHS ___ 3R ___ JC ___ Other _____

Amount to be Awarded: \$ _____ Renewable? Yes No If yes, # of years _____

Participate in selection of scholarship recipient? Yes No

Future/On-going funding of scholarship fund:

Amount: \$ _____ per Month ___ Quarter ___ Semi-annual ___ Year ___ or Other ___

Type of Account: Investment ___ Pass-thru ___

Agreed to this date: _____

Donor Signature

Print name: _____

JCEF Representative Signature

Print name: _____

Your donation to Josephine County Educational Fund, Inc. is deductible for income tax purposes as per determination letter of June 16, 1967 as a 501(c)3 nonprofit organization, Federal Tax ID#93-6041252.
No goods or services were provided to donor in consideration of gift.

Approved/Accepted by JCEF Board on: _____ (date)

Date Fund Established: _____ Fund Acct #: _____