



Scholarship Fund Intake Questionnaire

Thank you for your interest in establishing a Scholarship Fund with United Way of Forsyth County. Please complete this form so we can prepare your Fund Agreement and begin the process.

Section 1: Donor Information

Donor/Organization Name: _____

Primary Contact Person: _____

Mailing Address: _____

Cell Phone: _____ Email: _____

Preferred Recognition Name (e.g., "The Smith Family Scholarship Fund):

Do you wish to remain anonymous: ☐ YES ☐ NO

Section 2: Fund Details

Initial Contribution Amount: \$ _____

Do you intend to add to the fund over time: ☐ YES ☐ NO

Fund Type (check one):

☐ Endowed Fund (principal preserved, awards from investment earnings)

☐ Pass-Through (funds will not be invested, but rather available for immediate award)

Section 3: Scholarship Purpose & Criteria

What is the purpose or intent of your scholarship? (e.g., honor a loved one, support students in specific fields or specific demographics, etc...)



Who should be eligible? (check all that apply)

- ☐ High school seniors
- ☐ Current college students
- ☐ Non-traditional/ adult learners
- ☐ Residents of Forsyth County
- ☐ Residents of Dawson County
- ☐ Other

Selection Criteria (check all that apply):

- ☐ Financial Need
- ☐ Academic performance (GPA requirement _____)
- ☐ Community service/volunteerism
- ☐ Leadership qualities
- ☐ Specific field of study: _____
- ☐ Other:

Preferred award size and number of awards each year (e.g., 2 awards of \$1,000 each)

Should the award be renewable for more than one year? ☐ YES ☐ NO

Section 4: Donor Involvement

Would you like to serve in an advisory capacity on the scholarship selection committee?

- ☐ Yes, as an advisor (non-voting)
- ☐ No, United Way may select recipients based on my criteria



Are there specific values, stories, or donor messages you would like share with recipients?

Section 5: Recognition & Stewardship

How would you like the scholarship to be recognized publicly? (e.g., annual report, website, press release, etc...):

Would you like to receive updates about recipients and impact stories annually?

☐ YES ☐ NO

Section 6: Administrative Policies

Donors acknowledge United Way will assess a standard administrative fee to support fund management, investment and compliance.

☐ I understand and agree

Section 7: Additional Notes

Please share anything else you would like us to know about your intentions for this fund:

Signature

Date

Save document and send to Allison Mayfield, President & CEO: allison@unitedwayforsyth.com