



**Southern Alumni
Scholarship Foundation**

SASF

Southern Alumni Scholarship Foundation

**Scholarship Setup Request Form
Due March 15, 2024**

Date:	
Scholarship Name:	
Purpose/Criteria:	
Donor Name:	
Phone #:	Email:
Foundation Contact Name:	
Phone #:	Email:
Annual Award Amount: <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000 <input type="checkbox"/> \$_____	
Length of Scholarship Commitment: <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years	
Other Comments:	

☐ As the scholarship donor, I understand that my donation is payable in a lump sum in the academic year of award and prior to award of the scholarship.

☐ As the scholarship donor, I understand that final selection will be made by the Southern Alumni Scholarship Foundation.

Donor Signature

Date

Foundation Signature

Date