



# HARTNELL COLLEGE FOUNDATION

## Scholarship Gift Agreement

Name of Donor for recognition purposes (Individual or Organization):

If anonymous, please check here:

Donor Name (Originator of gift): \_\_\_\_\_

Contact(s) (for correspondence): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Annual Scholarship Areas of Need:**

- Area of Greatest Need
- Emergency Scholarship Fund
- Basic Needs (Housing & Food Security)
- I want to support all areas of need with a gift of:
- Annual Named Scholarship (\$1,000/year minimum)

**Amount:**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**\*Optional - Please notify** (with gift amount undisclosed):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For Named Funds Only (\$1,000 or more) provide the following information:**

Name of Scholarship:

Award funds to:  a single recipient  multiple recipients (minimum of \$500 per student)  
Select Major:  Any major (recommended) or  Specify Major:

*\* Students must carry 9 units or more to receive a scholarship and have minimum GPA of 2.7.*

**Please share any further purpose of this scholarship or additional criteria.** *Please note: the more general statement of qualifications the greater the possibility of aiding deserving students. Simply state "Current or entering Hartnell College student(s) with demonstrated need."*

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**Payment method:**  Check (made payable to Hartnell College Foundation)  
 Credit Card (card number): \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Billing Address** (if different than above): \_\_\_\_\_

**Expiration date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email receipt?**  Yes

Please complete, sign, and mail to: Hartnell College Foundation, P.O. Box 2258, Salinas, CA 93902  
Questions? Call (831) 755-6810.

For Office Use Only:

**Philanthropy:**

Fund established in Raiser's Edge

Donation recorded in Raiser's Edge

Should these funds be matched by Foundation:  No  Yes – how much? \_\_\_\_\_ Initials: \_\_\_\_\_

Campus area informed of donation and check request form sent.

**Accounting:**

Match (if applicable) applied and transferred to fund on (date):

Funds transferred to UBS account on (date):

**Other instructions/information/notes:**

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