



Annual Scholarship Agreement

The primary mission of the Lone Star College Foundation is to raise money to support students, faculty and programs of the LSCS.

Name of Scholarship (as it should appear in all printed materials)

Name of contact person

Company/Organization

Address

Daytime Phone

Email

Gift Level of \$ _____ If an individual donor, does your company have a matching gifts program? ☐ Yes ☐ No

If yes, name of company _____

Number of scholarship(s) to be awarded: _____ Value of each award: \$ _____

Number of years sponsoring this scholarship: _____ Academic year(s): _____

If the student fails to register, withdraws, does not maintain eligibility criteria or has unused funds at the end of the semester, the Foundation is authorized to:

- ☐ Transfer the remainder of the funds to the Foundation Fund.
- ☐ Retain funds in donor's name to be carried over to the next semester.

Selection Process

- ☐ Institution selects student criteria.
- ☐ Donor selects student criteria.

Student Criteria

- ☐ No restrictions.
- ☐ Grade point average of at least _____.
- ☐ Full-time student (at least 12 credit hours).
- ☐ Part-time student (less than 12 credit hours).
- ☐ Demonstrate financial need.
- ☐ Student may attend any college within the system.
- ☐ Student must attend LSC- _____.
- ☐ Other i.e. childcare expenses, transportation, etc. (specify) _____.
- ☐ Area of study/program _____.
- ☐ Tuition.
- ☐ Tuition and educational expenses.
- ☐ Tuition and books.
- ☐ Tuition and fees.
- ☐ Tuition, fees, books.
- ☐ All education costs.

By this authorization, the donor and the Foundation accept and approve the recorded stipulations.

Donor Signature

Date

Foundation Executive Director Signature

Date

Please mail this form with your investment to:

LSC Foundation
5000 Research Forest Drive
The Woodlands, Texas 77381-4399
Phone: 832.813.6637
Fax: 832.813.6639
E-mail: foundation@LoneStar.edu