

**FLORIDA ATLANTIC UNIVERSITY FOUNDATION, INC.  
SCHOLARSHIP COMMITMENT**

**Name of Donor(s):** \_\_\_\_\_

**Date of Commitment:** \_\_\_\_\_

**Name of Scholarship:** \_\_\_\_\_

**College:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Fund Name / ID:** ID: \_\_\_\_\_ Name: \_\_\_\_\_  
*(If new, check box)*

***If this is a new Project/Fund, please complete and attach Establishing Project Form***

I / We hereby pledge a total of \$ \_\_\_\_\_ for Florida Atlantic University, payable to the Florida Atlantic University Foundation, Inc., to establish an:

- Annual (current use) Scholarship** *(Minimum opening balance is \$5,000)*
- Endowed Scholarship** *(Minimum opening balance is \$20,000)*

With an initial payment of \$ \_\_\_\_\_ and the remaining balance to be pledged and paid according to the following installment schedule:

<b>PLEDGE INSTALLMENT SCHEDULE</b>		<small>(Fiscal year runs from July 1 through June 30)</small>
<b>Installment Type</b>	<b># Of Installment Payments <small>(Cannot Exceed 5 Years)</small></b>	<b>Starting On (Date)</b>
<input type="checkbox"/> Annually		
<input type="checkbox"/> Semi-annually		
<input type="checkbox"/> Quarterly		
Send pledge reminders:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is gift anonymous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will company match gift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ e-mail: \_\_\_\_\_

Name to appear for acknowledgements: \_\_\_\_\_

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**RESTRICTIONS ON FOUNDATION PROJECTS:**

- The donor may not personally select the beneficiaries of the money disbursed. An independent committee, consisting of at least three members within the University, must select recipients from a pool of qualified award candidates.
- Scholarships are to be published with an application deadline date.
- The donor may not act as project director or approving authority or benefit personally from the funds.
- The directors or approving authorities administrating the fund must be accountable for any inquiries from the donors, the IRS, internal or external auditors or the press on the appropriateness of expenditures.
- The expenditures must benefit the University and support the project's purpose.
- ***In accordance with the Internal Revenue Code Section 170, if contributions to a fund are earmarked by the donor for a particular individual, they are treated as being gifts to the designated individual and are not deductible as charitable contributions. However, a deduction is allowable where it is established that a gift is intended by the donor for the use of the organization and not as a gift to an individual.***

**ESTABLISHING CRITERIA FOR SCHOLARSHIP AWARDS:**

Minimum GPA:	<input type="checkbox"/> 2.5 and above	<input type="checkbox"/> 3.0 and above	<input type="checkbox"/> 3.5 and above	<input type="checkbox"/> 4.0 and above	
Year in School:	<input type="checkbox"/> Freshman and above	<input type="checkbox"/> Sophomore and above	<input type="checkbox"/> Junior and above	<input type="checkbox"/> Senior and above	<input type="checkbox"/> Graduate Student
Scholarship Award per term:	Fall Term \$ _____	Summer Term \$ _____	Spring Term \$ _____		
Must Demonstrate Financial Need:	<input type="checkbox"/> Yes <small>(need will be determined by Financial Aid Office)</small>		<input type="checkbox"/> No <small>(not need based)</small>		
Required Student Status:	<input type="checkbox"/> Full-time Student		<input type="checkbox"/> Part-time Student		
Major:					
College:					
Other Criteria:					