ANNUAL SCHOLARSHIP AGREEMENT

THIS AGREEMENT is made this _________________day of ________________, 201__
by and among_________________________, (“DONOR”), the SOUTHERN
CONNECTICUT STATE UNIVERSITY FOUNDATION, INC. (“Foundation”) an
independent non-stock Connecticut Corporation existing for the exclusive benefit of the
Southern Connecticut State University. The Foundation is an organization described
under Section 501(c)(3), 509(a)(1) and 170(b)(1)(A)(iv) of the Internal Revenue Code of
1986 (“Code”).

Section 1: Donor Commitment

1.0 The Donor has made a [contribution of $________to the Foundation]
[pledge of $__________ to the Foundation as shown on Attachment A –
Pledge of Support, which is incorporated herein by reference].

1.1 Additional contributions may be made to this scholarship fund by the
Donor and/or others. But all such gifts shall be subject to the provisions of
this Agreement.

Section 2: Fund Establishment

2.0 The intent of the Donor in making [his][her][their] commitment is to establish
an annual scholarship fund held by the Foundation. The Foundation agrees to
establish and administer such fund, which shall be a temporary restricted
fund subject to all provisions of this Agreement and known as the:

Name of Fund

Section 3: Fund Purpose

3.0 The fund shall be used exclusively for the purpose(s) herein set forth. The
purpose of the fund is to support the University by providing scholarship
support for University students enrolled in the University’s [“School”]
[“College”] to be administered under the following terms.
3.1 Recipients of scholarship(s) so provided shall be selected by the [School][College], under rules and regulations established by the [School][College] and the University, provided such rules and regulations are consistent with the terms and conditions of this Agreement, the Foundation’s governing instruments and policies, and applicable law.

3.2 To be eligible for the scholarship(s), candidates must meet the following criteria:
   a) Be a [graduate][undergraduate] student enrolled [full] [part] time in the [School][College] at the University. 
   b) [Insert criteria as necessary]
   c) [Insert criteria as necessary]
   d) [Insert criteria as necessary]

3.3 [From those candidates that meet the criteria cited in Section 3.2 above, priority consideration will be given to_____________________.] 

3.4 To the extent that funds are available, the scholarship(s) may be renewed annually to the recipient(s) provided satisfactory academic performance is maintained and provided all criteria specified in Section 3.2 above continue to be met.

3.5 The [School][College], in consultation with the Foundation, will determine the amount and number of scholarships based on the amount of funds available for expenditure. It is the Donor’s intention that all funds will be awarded during the scholarship funding cycle immediately following the deposit of funds into the Account.
Section 4: Policies and Administration

4.0 The fund shall be a temporary restricted fund of the Foundation. The Foundation shall account separately for the fund.

4.1 The fund shall be subject to such gift fees as the Foundation may determine and as the same may be amended from time to time. The gift fee shall be applied to support the Foundation’s mission. Information concerning the amount of the Foundation’s current gift fee is available upon request.

4.2 If the balance in the fund drops below $500, then after contacting the donor, the Foundation may move the remaining funds to another scholarship that has very similar award criteria as set forth in section 3.2 above.

Section 5: Recognition, Promotion, and Reporting:

5.0 To express the appreciation of the Foundation, to enhance the Scholarship Account, and to attract gifts for similar purposes, the University, the [usually the School or unit benefited by the gift] and the Foundation may make appropriate announcements through internal and external publications and other acknowledgment of the Donor’s generosity as is suitable.

The reminder of this page has been intentionally left blank.
IN TESTIMONY WHEREOF, the Donor, the University and the Foundation have executed this Agreement as of the date and year first above written.

DONOR

Donor Full Name __________________________ Date ______________

SOUTHERN CONNECTICUT STATE UNIVERSITY

Dr. Marianne Kennedy __________________________
Interim Provost and Vice President for Academic Affairs

Dean’s Full Name __________________________
Dean, School/College of______________________

SOUTHERN CONNECTICUT STATE UNIVERSITY FOUNDATION, INC.

David R. Vance, Interim Administrative Director __________________________
SCSU Foundation, Inc. Date ______________
Attachment A
PLEDGE OF SUPPORT

DONOR INFORMATION

Name(s) _______________________________________________
(If joint pledge, enter both names here and provide two signatures below.)

Address ____________________________________________________________________________

City _____________________________ State _______________ Zip _______________

Home Phone __________________________ Work Phone ____________________________

PLEDGE OF ANNUAL SCHOLARSHIP SUPPORT

I/We _______ (“Donor(s)”) individually/jointly and severally make the following commitment to support
the Southern Connecticut State University through a pledge of $________ to The Southern Connecticut
State University Foundation, Inc. (“Foundation”) to be applied to program enhancement as specified below:

(Enter Account Name Here)

<table>
<thead>
<tr>
<th>Fiscal Years (ending June 30):</th>
<th>2012</th>
<th>$__________</th>
<th>2013</th>
<th>$__________</th>
<th>2014</th>
<th>$__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$__________</td>
<td>2016</td>
<td>$__________</td>
<td>Total</td>
<td>$__________</td>
<td></td>
</tr>
</tbody>
</table>

I/We would like to receive annual pledge reminders in the month of _______________.

I/We will be making my/our gifts by: □ check (made payable to The Southern Connecticut State
University Foundation, Inc.), □ stocks or bonds, or □ payroll deduction (available to SCSU employees
only).

□ I/We prefer that these gifts remain anonymous.

□ I/We expect my/our gifts will be matched through the corporate matching program of ____________.

Donor signature __________________________________________ Date __________

Donor signature __________________________________________ Date __________

David R. Vance, Interim Administrative Director – SCSU Foundation, Inc. __________________________ Date __________

All gifts will be administered by The Southern Connecticut State University Foundation, Inc. for the benefit of Southern Connecticut
State University. The Southern Connecticut State University Foundation, Inc. is a tax-exempt not-for-profit corporation dedicated to
Southern Connecticut State University. For more information, please contact any Development Officer.