



## Scholarship Establishment Form

Thank you for sponsoring a scholarship in support of Snohomish School District graduating seniors. If you have questions, please contact us at [scholarships@snoed.org](mailto:scholarships@snoed.org) or 360-568-5292. The Snohomish Education Foundation is a 501(c)3 nonprofit organization. This information is made public unless you have notified SEF in advance.

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

Scholarship Sponsor Name: \_\_\_\_\_

I'd like to be anonymous

Note: This is the public contact listed as the sponsor on all materials and scholarship listing. If you would like to be anonymous, please indicate that in the box above.

### Sponsor Contact Information

First and Last Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

### Scholarship Criteria

Number of Scholarships Total: \_\_\_\_\_

Priorities for review:

*(i.e. academic performance, extracurricular involvement, community services, financial need, essay, etc.)*

Amount of Each Scholarship Award: \_\_\_\_\_

Scholarship Funding Preference (select one):

Funds are enclosed in the amount of \$ \_\_\_\_\_

Funds will be provided to the Snohomish Education Foundation by January 31

Endowment

Type of Scholarship (select one):

Annual Award

Renewable Award over \_\_\_\_ years for the same student

Deferrals:

Student may defer award for one year if needed

Determine any deferrals upon request

Selection:

Please indicate who you would like to select the recipient based on the provided criteria.

I, the primary Scholarship Sponsor will select

I'd like the SEF Scholarship Committee to select

Other contacts (please provide the name and contact information)

Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Alternates: I would like my alternate candidate selected in the instance my primary candidate has received a large number scholarships.

Employer Matching: I would like to have my employer match my contribution.

If your employer will match your donation, please provide the company name and any other information to help us ensure we can collect and direct the funds.

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Scholarship Recipient Criteria:

GPA: \_\_\_\_\_

Hours of Community Service: \_\_\_\_\_

Hours of Work Experience or Relevant Experience: \_\_\_\_\_

Please list any additional requirements and/or elaborate on any specifics for any of the above:

Question(s) or Essay(s) for Student Response:

Other Specifications (e.g. activities, clubs, field of study, school-specific info, materials or examples to share, etc.):

I would like my scholarship featured and/or promoted. Please also share your social media info / handles:

Additional comments, notes to include:

### **Signatures of Agreement**

**I have been provided a copy of, read, understand and agree to the terms as outlined in the Snohomish Education Foundation's Scholarship Establishment Policy and Procedures and hereby agree to the guidelines and criteria set forth in both the policy and that have been outlined in this form.**

\_\_\_\_\_  
**SEF Representative Signature & Date**

\_\_\_\_\_  
**Scholarship Sponsor Signature & Date**

Board approval Date: \_\_\_\_\_