



UPSTATE MEDICAL ALUMNI FOUNDATION (MAF) SCHOLARSHIP AGREEMENT

Scholarship/Donor Information:

Official Name:

Date Established:

Total Contributing Principle:

Principle to be paid: all at once annual installments other:

Proposed number of Scholarships to be awarded annually: Projected Amount of each award:

Donor(s):

Mailing Address:

City:

State:

Zip:

Email:

Phone:

I permit the Medical Alumni Foundation to publicize this gift

I prefer to remain anonymous

Criteria for selecting recipient(s):

I prefer to have the Upstate Medical Alumni Foundation establish the criteria for this award

Class Year: *Scholarship payments are deposited into the student's account in January, please select the Class Year based upon the year you want the student to receive the payment. Please note MS/ students must be selected by Financial Aid and/or Admissions*

MS1

MS2

MS3

MS4

Academic Standing:

No academic requirement

Good academic standing

Financial Need (please specify):

Specialty Based (please specify):

Location Based (please specify):

Leadership/Volunteerism Based (please specify):

Other criteria:

Additional Materials Required:

____ Personal Statement (please specify):

_ Essay - Topic:

_ Letter of support from:

____ CV Other materials:

Selection Process:

Selection of the recipient will be made by:

____ Donor(s) _ MAF Scholarship Committee ____ Financial Aid Office Other:

Additional Comments:

Signatures:

_____	_____	_____	_____
Donor Signature	Date	Donor Signature	Date
_____	_____	_____	_____
Donor Signature	Date	Donor Signature	Date
_____	_____	_____	_____
Upstate Medical Alumni Foundation Executive Director	Date		

**Academic Standing/Financial need of all students determined by the Office of Financial Aid at Upstate Medical University. All applicants will also be required to sign a confidentiality release form under FERPA legislation. Donors must also agree that any such confidential information they receive will not be released to a third party without consent by the student/applicant.*

In the event that the Board of Directors of the Upstate Medical Alumni Foundation determines that carrying out the purposes established by this Agreement is impossible, impractical, or unlawful for any reason, the Board of Directors may change the purposes of this Scholarship Agreement in such a manner as to carry them out as closely as possible in conformity with the Donor's original intention as set forth in this Agreement. If such change becomes necessary during the Donor's lifetime, the MAF will consult with the Donor prior to determining the new purpose.

____ I agree with the above statement. Donor's Initials: _____