

## Medical Alumni Foundation Scholarship Agreement

Name of Scholarship: \_\_\_\_\_ Date Established: \_\_\_\_\_

Donor (1): \_\_\_\_\_ Donor (2): \_\_\_\_\_ Donor (3): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount of Endowment: \_\_\_\_\_ Total Contributing Principle: \_\_\_\_\_

(future contributions to be recorded on back of form)

Number of Scholarships to be awarded annually: \_\_\_\_\_ Amount of each award: \_\_\_\_\_

Endowment to be paid in following installments:  all at one time  annual installments  other

Specify intended payment: \_\_\_\_\_

### **Criteria for selecting recipient:**

Intent to pursue a career in designated field: \_\_\_\_\_

Gender:  Either  Female  Male

Class Year:  MS1  MS2  MS3  MS4

Financial need (please specify): \_\_\_\_\_

Academic Standing (please specify): \_\_\_\_\_

*(Upstate Medical University policy is to only select students in the upper half of their class unless noted otherwise)*

Achievement in special field (please specify): \_\_\_\_\_

Personal statement/essay (please specify): \_\_\_\_\_

Other criteria: \_\_\_\_\_

I prefer to have the Scholarship Committee establish the criteria for this award.

I plan to make additional gifts to this fund in the future.

I permit the Medical Alumni Foundation to publicize this gift.  I prefer to remain anonymous.

Selection of recipient made by\*:  Donor(s)  Scholarship Committee (SUNY)  Financial Aid Office

Additional specifications/comments: \_\_\_\_\_

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foundation 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.*