**Kindred Area Dollars for Scholars Donation Agreement 2023-2024**

* I/We wish to endow a donation to the Kindred Dollars for Scholars to benefit Kindred High School students.

**Name of Donor/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\* Donations of $500 - $1,000 are eligible for a match by Kindred Area Dollars for Scholars.***

**Scholarship Levels** (Please select one and complete the blanks within that selection.)

* **Option 1: NAMED SCHOLARSHIP** – If the amount of your gift equals or exceeds $500, you are allowed to have the scholarship offered as a named scholarship. Scholarships are awarded to the students at Senior Night which is typically in May at the Kindred High School. Donations must be deposited with the chapter by **March 31st**, or they will not be given out as a named scholarship.

The scholarship will be awarded as the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Scholarship in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Selection Criteria (choose one option):**

\_\_\_\_\_ I/We would like the Kindred DFS chapter representative to present the scholarship at the awards ceremony on my/our behalf.

\_\_\_\_\_ I/We would like to stipulate that the following person will present the scholarship to the recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *(A board member will contact you once a date and time have been set.)*

* **Option 2: GENERAL FUND –** Regardless of the dollar amount, you do have the option to donate towards our general fund which helps us match other donations.

I/We would like to apply our donation to the general fund in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please make checks payable to Kindred Area Dollars for Scholars and mail payment and this completed agreement to Kindred Dollars for Scholars, PO Box 194, Kindred, ND 58051.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Donor*

This agreement was made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Donation Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_