

Central Valley Dollars for Scholars Membership Agreement

Name of Donor(s): _____

Address: _____

City, State, Zip: _____

E-mail Address: _____

Phone: _____

I/We wish to endow a scholarship with Central Valley Dollars for Scholars to benefit local students.

Base Membership Levels

If your gift equals or exceeds \$500, you will be recognized on the membership board located at Central Valley.

I/We wish for the plate to read as such: _____

_____	Valiant 500	\$500	\$500 or \$100 for five years
_____	Valiant Grand	\$1,000	\$1,000 or \$200 a year for five years
_____	Valiant Scholar	\$2,500	\$2,500 or \$500 a year for five years
_____	Valiant Founder	\$5,000	\$5,000 or \$1,000 a year for five years
_____	Valiant Heritage	\$10,000	\$10,000 or \$2,000 a year for five years
_____	Valiant Pioneer	\$25,000	\$25,000 or \$5,000 a year for five years
_____	Valiant Leader	\$50,000	\$50,000 or \$10,000 a year for five years
_____	Valiant Legacy	\$100,000	\$100,000 or \$20,000 a year for five years

Named Scholarship

You are allowed to have the scholarship offered as a named scholarship. The scholarship will be awarded as the _____ Scholarship. Scholarship is to be awarded over _____ years at _____ per year. The CV DFS board will distribute named scholarships in May and donations must be deposited with the chapter by June 1st of the previous year or they will not be given out as a named scholarship until the following year.

Selection Criteria (choose one option):

_____ I/We do not wish to specify any selection preference. We authorize Central valley Dollars for Scholars to use its existing selection criteria as specified in the chapter's awards policy.

_____ I/We wish to have the following selection preference used in the final determination of the recipient(s) for the DFS Scholarship: _____

The Central Valley Dollars for Scholars board will always attempt to match a student to the preference first. Lacking such student(s), the board may award to the next best fit.

This agreement was made on _____ Amount of Donation Enclosed: _____
Remaining Balance to be paid: _____

Signature of Fund Sponsor/Donor

Signature of Chapter President

Please make checks payable to CV Dollars for Scholars.

Payment and forms can be mailed to:
Central Valley Dollars for Scholars, 1556 Hwy 81 NE, Buxton, ND 58218
or dropped off at the Central Valley School office.

If you have any questions, please don't hesitate to call 701-430-9462.

Questionnaire:

Are you interested in volunteering your time and talents for CV DFS? Yes No

Are you interested in attending monthly meetings to learn more about CV DFS? Yes No