



# John Randolph Foundation

## NAME OF THE FUND

### Checklist

The **Name of the Fund** is established with a gift of: **Gift Amount**.

Designated amounts to the following:

\$ \_\_\_\_\_ Pooled investments (permanently restricted)

\$ \_\_\_\_\_ Pooled investments (temporarily restricted)

\$ \_\_\_\_\_ Non-interest bearing account (to pay out scholarships during the first three-year investment period)

*Please initial the items below that apply to your scholarship fund. I understand...*

#### Investment

\_\_\_ The permanently restricted component of the fund (principal) will not be expended to award scholarships or pay administrative costs, but is subject to investment return fluctuations.

#### Scholarship Awards

\_\_\_ The foundation will notify me in writing and offer me the option of funding the scholarship award for any given year that the temporarily restricted component of the fund is insufficient to provide a scholarship award. The contribution must be received within 30 days following written notification.

\_\_\_ The minimum scholarship award is \$1,000.

\_\_\_ It is my intent to award \_\_\_ scholarship/s in the amount of \$\_\_\_\_\_.

#### Gifts to the Fund

\_\_\_ All subsequent gifts to my scholarship fund will be credited to the temporarily restricted component of the fund unless otherwise designated by donors to increase the amount in the permanently restricted component of the fund.

**Donor Advisement**

- \_\_\_ The founding contributor or a designated representative may request amendments to the scholarship guidelines or scoring matrix.  
*(Note: Any requested changes must be received in writing to the foundation. A foundation representative will follow up with updated changes for your approval within 30 days of receipt.)*
- \_\_\_ The founding contributor or a designated representative may participate in the scholarship’s selection committee.
- \_\_\_ Lack of contact by the founding contributor or the designated representative for a period of five years will result in the loss of the right to advise the fund.

**Designated Representative**

\_\_\_ I appoint \_\_\_\_\_ as the designated representative to advise the fund in the event that I am incapacitated or at my death.

**Scholarship Guidelines and Scoring Matrix**

- \_\_\_ I have reviewed and agree with the guidelines for my scholarship award.
- \_\_\_ I have reviewed and agree with the scoring matrix for my scholarship award.
- \_\_\_ I have been given a copy of my scholarship fund agreement, guidelines, and scoring matrix.

I have read and understand the terms and condition stated above concerning my scholarship fund.

\_\_\_\_\_  
Founding Contributor

\_\_\_\_\_  
Date

\_\_\_\_\_  
John Randolph Foundation Representative

\_\_\_\_\_  
Date

**Healthy Communities. Bright Futures.**