

Donor Election Form

Please complete and return to the Community Foundation of Northwest Missouri. Additional information is available on our website at cfnwmo.org.

What type of fund would you like to establi	sn?	
Donor Advised		
List successor advisors		
Field of Interest		
List the charitable purpose (ex: arts, education, health, etc.)	
Scholarship		
Complete Scholarship Election	on Form on back	
Designated		
List Organization(s) to receiv	re donations	
Is the fund endowed?		
Yes (Grants are limited to 5% of	of the fund's earnings each year)	
No (Grants are made from prin	ncipal and earnings)	
What would you like to name the fund?		
How would you like the fund invested?		
Community Foundation's Pool	S	
Personal Financial Advisor		
Advisor Contact Information		
Attorney Contact Information (if applicable)	
Print Name	 Signature	 Date

Scholarship Election Form

_____Fund

Purpose:	This fund was established in memory/honor of by his/her family to provide academic scholarships to
Criteria:	In order to be eligible for the scholarship, you must meet the following:
	(Check all that apply)
	Graduating senior of High School
	ACT Score of
	GPA
	Intended Major
	Desired School/University
	Participation in school/community activities
	Based on financial Need
	Moral characteristics
	Other
Guidelines:	Awarded one-time Awarded one-time but payable half in August and half in December (The second installment will be released upon proof of good academic progress) Recurring for up to years
	How many recipients per year
Amount:	Set amount of \$
	Range of \$ to \$
	Based on available earnings of the fund
Deadline:	with formal announcements made in May of each year. (ex:
Calcarta a	March 1)
Selection:	List who will be involved in the selection of recipients
_ _	Please submit applications to: Community Foundation of Northwest Missouri, Inc. High School Counselor