The primary mission of the Lone Star College Foundation is to raise money to support students, faculty and programs of the LSCS.

Name of Scholarship (as it should appear in all printed materials)  
______________________________________________________________

Name of contact person  
______________________________________________________________  Company/Organization  
______________________________________________________________

Address  
______________________________________________________________  _____________________________________________

Daytime Phone  
______________________________________________________________  Email  
______________________________________________________________

Gift Level of $ ___________  If an individual donor, does your company have a matching gifts program?  □ Yes  □ No

If yes, name of company  
______________________________________________________________

Number of scholarship(s) to be awarded: ___________  Value of each award: $ ___________

Number of years sponsoring this scholarship: ___________  Academic year(s):  ___________

If the student fails to register, withdraws, does not maintain eligibility criteria or has unused funds at the end of the semester, the Foundation is authorized to:

□ Transfer the remainder of the funds to the Foundation Fund.
□ Retain funds in donor’s name to be carried over to the next semester.

Selection Process

□ Institution selects student criteria.  □ Donor selects student criteria.

Student Criteria

□ No restrictions.
□ Grade point average of at least ___________.  □ Tuition.
□ Full-time student (at least 12 credit hours).
□ Part-time student (less than 12 credit hours).
□ Demonstrate financial need.
□ Student may attend any college within the system.
□ Student must attend LSC- ____________________.
□ Other i.e. childcare expenses, transportation, etc. (specify) ____________________________________________________________________.
□ Area of study/program ____________________________________________________________________.

By this authorization, the donor and the Foundation accept and approve the recorded stipulations.

Donor Signature  
______________________________________________________________  Date  
______________________________________________________________

Foundation Executive Director Signature  
______________________________________________________________  Date  
______________________________________________________________

Please mail this form with your investment to:  
LSC Foundation  
5000 Research Forest Drive  
The Woodlands, Texas 77381-4399  
Phone: 832.813.6637  
Fax: 832.813.6639  
E-mail: foundation@LoneStar.edu  

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