



100 CLUB OF ARIZONA REQUEST TO FUND A "NAMED" SCHOLARSHIP



The 100 Club of Arizona scholarship program provides financial assistance to family members of public safety officers or firefighters to further their education or training.

The 100 Club of Arizona does not discriminate on the basis of race, color, national or ethnic origin, sex, disability, veteran status or age in the administration of its scholarship program.

Persons or companies wishing to donate for the purpose of funding a "named" scholarship; for example, "The 100 Club Don Beckstead Memorial Scholarship," may do so by completing the following application. The 100 Club welcomes scholarships created in honor or memory of a person or other entity (business, foundation, corporation, etc.) within the following guidelines:

- All proposed "named" scholarships must be approved by the 100 Club.
- Scholarships in the memory or honor of a person or entity shall be a minimum of \$1,000 for each proposed scholarship year.
- To secure a named scholarship all funds must be paid in advance. A multi-year scholarship; for example, a four-year \$1,000 annual scholarship, would require the donor to submit \$4,000 to establish the scholarship. The 100 Club may grant exceptions to this advance funding requirement for the second and subsequent years of multi-year scholarships from entities that provide a pledge or letter of commitment.
- Donors may submit recommendations or guidelines for their scholarship. For example; "freshman" or "students pursuing a Criminal Justice Degree."
- The 100 Club awards and administers all scholarships and may modify the scholarship program at any time.

Named Scholarship Proposal

Proposed Name of Scholarship:

(example: "The 100 Club John Doe Memorial Scholarship")

Scholarship Amount (minimum \$1,000/year):

(a) Amount Per Year: (b) Number of Years: Total (a x b):

Tell us a little about your reasons for offering this scholarship and the reason for naming it as you have proposed:

Contact Person:

First Name: Last Name:

Company Name (if applicable):

Address: City: State: Zip:

Phone: Phone 2:

Email:

Payment Enclosed

Invoice Me

The scholarship recipient may be provided my contact information: Yes No

I understand and agree to the program rules described above:

Signature: _____

Date: _____