



MCCF Proposed Donor Advised Scholarship Fund Worksheet

Donor Contact Information

Name of Donor/Founder _____

Phone Number of Donor _____

Address of Donor _____

Date _____

Fund Name

Proposed Name of New Scholarship Fund:

Montgomery County Community Foundation lists names of funds in its Annual Report and other materials unless otherwise indicated. Do you want your fund listed in MCCF materials? (Please check one.)

_____ Yes, I authorize the Foundation to use the Fund name in Foundation materials.

_____ No, I prefer to be anonymous. Do not list my fund in MCCF materials.

Initial Donation

Initial donation \$ _____ Effective date _____



History of Donor and/or person Memorialized by Fund

In order to preserve the memory of the person honored, or memorialized, please write a brief biological paragraph about that person below. You may include an extra page, if you wish.

Scholarship Criteria

Do you wish to include any special requirements of scholarship applicants?

1. Must be a resident of Montgomery County, Texas
2. _____
3. _____
4. _____
5. _____
6. _____

Student Application Pool

Do you wish to limit the scholarship application pool (all students graduating from Montgomery County high schools, a particular school district, a particular high school)?



Proposed Selection Committee

Recipient Nominees are to be selected by a committee appointed by the foundation annually. Members of the Selection Committee would include (titles only):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Additionally, a fund advisor, as specified by this fund creation worksheet, may be involved as a member of the selection committee.* The Recipient Nominees are to be recommended by the MCCF Distribution committee and approved by the MCCF Board of Directors.

***NOTE: THE PENSION PROTECTION ACT OF 2006 (PPA) PROHIBITS GRANTS TO INDIVIDUALS FROM A DONOR-ADVISED FUND. However, educational scholarships are allowed from a fund where a donor or fund advisor is a member of the selection committee, if all of the following are true:**

- **MCCF appoints all of the members of the committee and the donor’s advice is given solely as a member of the committee;**
- **Neither the donor nor the parties related to the donor control the committee directly or indirectly; and**
- **All grants are awarded on an objective and nondiscriminatory basis using a procedure that has been approved in advance by the board of directors of MCCF and that has been designated to ensure that all such grants meet the IRS requirements for scholarship programs found in paragraphs (1), (2), or (3) of section 4945(g) of the Internal Revenue Code.**

Further, every member of any selection committee charged with the evaluation of candidates for Scholarship Grants shall be obligated to disclose any personal knowledge of and relationship with any potential grantee under consideration and to refrain from participation in the award process in a circumstance where he or she would derive, directly or indirectly, a private benefit if any potential grantee or grantees are selected over others.



ADVISORS TO THE SCHOLARSHIP SELECTION

Please list the initial advisor(s) to the fund (if different than founders).

Advisor # 1

Name _____

Address _____

City/State/Zip _____

Phone: Home _____ Cell _____

Email Address: _____

Advisor #2

Name _____

Address _____

City/State/Zip _____

Phone: Home _____ Cell _____

Email Address: _____



MONTGOMERY COUNTY COMMUNITY FOUNDATION

281.363.8158 • mccfoundation.org

2001 Timberloch Place, Suite 500 • The Woodlands, TX 77380

Successor Advisors

If any, please name the successor advisors to your fund. Succession can revert back to the Foundation Board of Directors, or advisors can represent two generations of a family (usually the founder and the founder's children). The following Successor Advisors will serve alternately on an annual rotating basis.

Advisor # 1

Name _____

Address _____

City/State/Zip _____

Phone: Home _____ Cell _____

Email Address: _____

Advisor #2

Name _____

Address _____

City/State/Zip _____

Phone: Home _____ Cell _____

Email Address: _____

Authorization to Initiate Formulation of Scholarship Fund Agreement

Please sign and date:

Donor/Founder

Date