



Violet Torch Foundation (VTF) is a Westchester (NY) based 501(c)(3) charitable organization that engages the community in initiatives and causes that advance public good and impact quality of life. Visit [www.violettorch.org](http://www.violettorch.org) for more information about VTF. EIN#: 13-4199899.

## **APPLICATION TO ESTABLISH A SCHOLARSHIP ENDOWMENT**

(First download the document to an editable format in order to complete. On your toolbar go to File, Download as, Select Microsoft Word. All Applications to Establish a Scholarship Endowment must be typed and submitted electronically via attachment to [president@violettorch.org](mailto:president@violettorch.org) with a cc to: [treasurer@violettorch.org](mailto:treasurer@violettorch.org). The applicant will be advised on the status of the application within 30 days of submission. If approved by the VTF Board of Directors, a Scholarship Endowment Agreement will follow.)

1. Today's Date:
2. 1<sup>st</sup> Applicant's Name:
  - a. Mailing Address:
  - b. Email Address:
  - c. Telephone #:

If a 2<sup>nd</sup> Applicant is completing the application, complete section 3 below. If none, indicate N/A here \_\_\_\_\_ and leave section blank.

3. 2<sup>nd</sup> Applicant's Name:
  - a. Mailing Address:
  - b. Email Address:
  - c. Telephone #:
4. Proposed Name of Endowment:
5. Endowment Purpose (if the person is deceased, please indicate approximate month/year of death):

This scholarship endowment is being created to recognize/memorialize \_\_\_\_\_, who is/was dedicated to \_\_\_\_\_.

6. Funding Level: (Select one. Indicate with an "X")  
\$ 250.00 \_\_\_\_\_ \$500.00 \_\_\_\_\_ \$1,000.00 \_\_\_\_\_  
Other amount: \_\_\_\_\_ (Indicate the amount here: \_\_\_\_\_)

7. Endowment Criteria: Shall be in accordance with the preferences, policies and procedures established by Donor(s).

The Endowment shall be awarded to (indicate with an X next to all that apply):

- female \_\_\_\_\_ male \_\_\_\_\_ either \_\_\_\_\_
- attending a:
  - 2 year college \_\_\_\_\_
  - 4 year college \_\_\_\_\_
  - vocational school \_\_\_\_\_
- a resident of \_\_\_\_\_ (indicate a residence requirement. If none, leave blank or enter "N/A").
- pursuing a course of study related to \_\_\_\_\_ (indicate course of study requirement. If none, leave blank or enter "N/A");
- other \_\_\_\_\_

8. Selection Procedure: Please indicate name and contact information of the organization that will select the recipient based on the Endowment criteria identified in paragraph 7 (VTF does not select scholarship endowment recipients).

Application submitted by (print):	
Signature (actual required):	
Date:	

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Signature (actual required):	
Date:	