

CREATE A SCHOLARSHIP



DALLAS SEMINARY
FOUNDATION

Donor/Contact Name: _____

Mailing Address: _____

Mobile Phone Number: _____

Home Phone Number: _____

Email 1: _____

Email 2: _____

Name of Scholarship: _____

Purpose of Scholarship/Scripture Associated/Memorial Respects _____

Intent of Donor/Criteria of Scholarship _____

Length of Scholarship:

- Permanently Endowed
- Term—How many years? _____
- Current (Funded annually by Donor)

Funds Can Be Used for (check all that apply):

- Books
- Tuition
- Living Expenses
- Health Insurance

Investments:

The Donor acknowledges that investment markets fluctuate. In the event that the Fund market value falls below the original value of the gift, the Fund payout will be:

- Continued at the rate approved by DSF's investment committee. This may cause some of the gift value to be used for the Fund payout.
- Suspended until such time as the Fund market value exceeds the original gift value. This will result in a reduced Fund payout to DTS unless the Donor makes additional gifts to support the Fund payout.

Reporting:

The Donor wishes to receive reporting on the endowment in the following manner:

- Online access to fund (no paper reporting)
- Annual hard copy statements
- No reporting desired

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Dallas, Texas 75204
214-887-5190
Fax 214-887-5519
foundation@dts.edu

www.dallaseminaryfoundation.org

CREATE A SCHOLARSHIP CONTINUED

The donor wishes the following to also receive reports:

Third Party Contact Name: _____

Mailing Address: _____

Mobile Phone Number: _____

Home Phone Number: _____

Email: _____

Scholarship Listing for Public Information:

- The scholarship is to be listed in the DTS catalog
- The scholarship is not to be listed in the DTS catalog

Donor Confidentiality:

- The Donor wishes to remain anonymous
- The Donor does not wish to remain anonymous

Estate Scholarships Only:

Estimated future value of the gift _____

Funds will be transferred from my estate via (provide copy of applicable documentation):

- Retirement Plan/IRA (list financial institution(s) and please provide a copy of beneficiary designation form)
- Life Insurance Beneficiary (list insurance company and please provide a copy of beneficiary designation form)
- Specific Bequest in My Will or Trust (please provide a copy of the applicable page from your Will or Trust)
- Residue of My Estate (please provide copy of the applicable page from your Will)

Timing of my gift from my estate will be based upon:

- First to Die
- Surviving Spouse's Death

My/Our Currently Named Executor is:

Donor/Contact Name: _____

Mailing Address: _____

Mobile Phone Number: _____

Home Phone Number: _____

Email 1: _____

Email 2: _____