

**MESA COMMUNITY COLLEGE
RESTRICTED USE ACCOUNT
FOR THE
MARICOPA COMMUNITY COLLEGES FOUNDATION**

Date Established: _____

Name of Scholarship Fund: _____

Person/Organization Establishing Fund: _____

Relationship: _____

Address: _____

Phone: _____

Type of Scholarship: Endowed _____ Expendable _____

Party who will select recipient(s):

- donor with committee
- financial aid office
- school/department
- MCCD Foundation Gift Allocation Committee

Date(s) of distribution: _____

Scholarship Instructions: (general scholarship, college, field of study, GPA, etc.)

1) _____

2) _____

3) _____

4) _____

Authorizing Signature(s):

X _____ date

X _____ date

* Please make your tax-deductible gift payable to: **Maricopa Community Colleges Foundation**