



Educational Foundation, Inc.

Official name of scholarship: _____

In honor of: _____

In memory of: _____

Scholarship will be: One time Annual Endowed

Number of scholarships you would like awarded _____

Monetary amount of each award _____

Information about the individual or organization for which the scholarship is named (use back if more space is needed):

Contact Name: _____

Address: _____

Telephone: _____ Email: _____

Secondary Contact Name: _____

Secondary Contact Info: _____

Scholarship Criteria: Please select which criteria you prefer: (select as many or as few as you prefer)

- must be: full- or part-time student full-time student part-time student
- must have at least a minimum grade point average of 2.5
- must demonstrate financial need
- must complete volunteer work or community activism
- must submit an essay describing need or the reason you should be selected
- scholarship may be used for books and fees
- first preference in Westmoreland's _____ program of study
- first preference will be given to _____
- other: _____

Signature Date

Scholarship recipients are determined by the college.

To establish a scholarship, please make checks payable to the **Westmoreland Educational Foundation, Inc.**, and return this completed form, along with your tax-deductible donation, to Caroline Goldinger, Westmoreland Educational Foundation, Inc. 145 Pavilion Lane, Youngwood, PA 15697. Telephone: 724-925-4161, or email: Foundation@westmoreland.edu.

Thank you so much for your donation and your support of Westmoreland County Community College.