



HARDING
UNIVERSITY

**Center for Charitable
Estate Planning**

Ken Bissell, Director
(501) 279-4210
endowment@harding.edu

Endowed Scholarship Request Form

If you are interested in establishing an endowed scholarship, please fill out this form and email to endowment@harding.edu, or print, complete and mail to Center for Charitable Estate Planning, Harding University, P. O. Box 12283, Searcy, AR 72149. A member of the CCEP staff will contact you to complete the process. Thank you!
*Denotes required information

*Name of Person(s) Creating Scholarship

*Address

City/State

Zip

*Phone

*Email

*Proposed Scholarship Name

In honor of In memory of _____

***Purpose** – Provide a short paragraph describing why scholarship is being established. This could include biographical information on person(s) for whom the scholarship is named:

***Preferences** – Creator can specify scholarship recipient(s) by college/department/major or other criteria. If no preference, please indicate by checking this box.

College: Allied Health Business Administration Pharmacy
 Arts & Humanities Education Sciences
 Bible & Ministry Nursing Honors

Academic Department _____ Major _____

Other Criteria (please specify) _____

***Funding** (check appropriate boxes): Scholarship funded through current donations estate gifts both

Annual scholarship disbursement is 4.5% of scholarship fund’s principal. Scholarship disbursements shall not be issued until total contributions to the scholarship fund or value of fund equals or exceeds \$25,000. In the event the above criteria are not met within five years of the date of the initial contribution, Harding has the discretion to terminate the restrictions of this agreement and add the fund to the University’s general endowment.

Signature, Scholarship Creator

Signature, Scholarship Creator

Date