



Northeastern Oklahoma A&M College Development Foundation, Inc.

Scholarship Agreement Contract

Legal Name of Scholarship: _____

Effective Date: _____

Type of Scholarship Fund: *(check the appropriate fund)*

_____ Non-Endowed (depleting)

_____ Endowed

Rationale for Establishment of the Fund:

Award Criteria/Preferences:

Committee/Person responsible for Scholarship selection: _____

Scholarship Amount (per year): _____

Official Contact Person(s) to be billed and/or receive reports on the fund and recipient:

Name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Email Address: _____

Name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Email Address: _____

Signature of Fund Representative

Date

(Please return this form to the NEO Development Foundation, 200 I Street. NE, Miami, OK 74354. We will review and approve the agreement and return a signed copy for your records. Thank you for your support to NEO A&M College)

NEO Development Foundation Representative

Date