



BLINN COLLEGE FOUNDATION

Blinn College Endowed Scholarship

Name of Scholarship: _____

Yes, I/we wish to support the future of Blinn College through an endowed scholarship program.

Endowed scholarship:

_____ \$25,000 (minimum) to endow one scholarship

Eligibility Restriction:

_____ No, I would not like to set certain restrictions. (if no restrictions, go to payment box)

_____ Yes, I would like to set certain restrictions. (fill out restrictions below)
_____ Donor Selected _____ Blinn College Selected
_____ Yes, I would like to set a Major Requirement of _____.
_____ No, I would not like to require a major.
_____ Freshman _____ Sophomore _____ No preference
_____ Yes, I would like to require a high school or college Grade Point Average of: _____.
_____ No preference
_____ Yes, the recipient must demonstrate financial need. _____ No preference

Payment Box
_____ Enclosed is my gift of _____ in total today. (Amount)
_____ I pledge to contribute _____ per year for _____ years. (Amount) (1-5)

Contribute Online at <https://foundation.blinn.edu>

Credit Card# _____ exp _____ sc. _____

MasterCard _____ Visa _____ Discover _____ American Express _____

Make Checks Payable To Blinn College Foundation, Inc.

Mail to:
Susan Myers
Blinn College Foundation
902 College Avenue
Brenham, Texas 77833

Name _____
Address _____
City, State, Zip _____
Phone _____

Signature: _____ Date: _____

*All donations are tax deductible.
Thank you for your commitment to higher education through your support of Blinn College.
All scholarships not awarded in five years will be under the direction of the Foundation.*