



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:
Gentry Woodard
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.*