



NEW FAIRFIELD Community Foundation

New Fund Worksheet – Scholarship Fund

Thank you for your interest in starting a scholarship fund at New Fairfield Community Foundation. Starting a fund at the foundation is easy. Step one is filling out the form below. This will be used to create a draft fund agreement letter for you to review. Once the agreement is finalized and your initial gift is received your fund will be immediately ready for you to use. **We value your privacy and want to reassure you that we will not release any information with out you prior written consent.**

Fund Information

Fund Name: _____

Note: The name of your fund can help you stay anonymous or can be named after you or your family.

Amount you think the fund will be established with (minimum \$1,000): _____

Through what financial means are you going to use to create this Fund: _____

Amount you want to grow the fund to over the next five years: _____

Explain the area that scholarships from the fund will be restricted to (i.e., a specific geographic area, or school): _____

Once established, may we list your Fund in our annual report?(Please circle one)YES NO

How did you learn about us:

Newspaper article, if so where: _____

Advertisement, if so where: _____

Referral, if so by whom: _____

Other, please specify: _____

Please Send Completed Form To:

New Fairfield Community Foundation

1 BRUSH HILL ROAD, SUITE 307

NEW FAIRFIELD, CT 06812-2667

P: (203) 746.9833 | F: (203) 312.8245

E: info@newfairfieldfoundation.org

W: www.newfairfieldfoundation.org

Fund Contact Information

This is the person or group who has helped create the Fund..

Fund Contact

Prefix: Name _____

Spouse's Name _____

Address _____

City: _____ State: _____ Zip: _____

Home: _____

Fax: _____

Email: _____

Committee Members

You may suggest people to sit on the committee to review grants. To ensure a competitive grant making process New Fairfield Community Foundation must review committee members and may recommend changes or additional members.

Possible committee member

Prefix: _____

Name _____

Spouse's Name _____

Address _____

City: _____ State: _____ Zip: _____

Home: _____

Fax: _____

Email: _____

Possible committee member

Prefix: _____

Name _____

Spouse's Name _____

Address _____

City: _____ State: _____ Zip: _____

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Possible committee member

Prefix: _____

Name _____

Spouse's Name _____

Address _____

City: _____ State: _____ Zip: _____

Home: _____

Fax: _____

Email: _____

Professional Advisors

If you do not have a Professional Advisor please contact us for assistance. NFCF is here to help you. Please list your legal, financial and/or estate planner or any other professional advisors who are helping you transfer assets to this fund.

Investment Manager; Attorney; Accountant; Financial Planner; Or can we provide assist to you ?

Prefix: _____

Name _____

Spouse's Name _____

Address _____

City: _____ State: _____ Zip: _____

Home: _____

Fax: _____

Email: _____

Investment Manager; Attorney; Accountant; Financial Planner; Other

Name _____

Address _____

City: _____ State: _____ Zip: _____

Home: _____

Fax: _____

Email: _____

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Endowment

We want you to be aware that most scholarships are endowed. A minimum of \$1000 is required to open an endowed permanent scholarship fund. Grant distributions are based on an annual spending policy recommended by New Fairfield Community Foundation's Board of Directors. Endowments allow the good work your Fund is doing to exist in perpetuity.

Signature

Date

Please Send Completed Form To:

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