

NAMED SCHOLARSHIP AGREEMENT

Kansas City Scholars, Inc. ("KCS") appreciates your commitment to helping a deserving individual from the Kansas City metropolitan area (a "Scholar") acquire a college degree or credit bearing credential. By signing and submitting this form, you are acknowledging that you have reviewed and understand the KCS Guidelines For Named Scholarship which explain how KCS will administer the named scholarship program and how KCS will award the named scholarship(s).

1. Name of Donor (person or organization): First Name: _____ Last Name: _____
2. Name of Scholarship: KC Scholars: CSL Scholars
(all KCS Named Scholarships are required to include the name "KC Scholars:" at the beginning).
3. Scholarship Program Supported: (Place the number of scholarships you will be supporting in each category below)
☐ Traditional (11th grade) ☐ Adult Learner ☐ College Savings Match (9th grade)
4. Amount of Donation:
☐ # of Named Scholarships x \$2,500 per year = \$ _____ annual donation amount
 5-year donation commitment \$ _____ (multiply annual donation amount by 5)
 You understand that this agreement will run for a term of five (5) years beginning the March 1st after both parties sign this agreement. You agree to pay the annual pledge amount by March 1st each year for 5 years. Should you fail to make an annual payment by March 1st, the naming rights set forth above will be revoked immediately.
5. Matching: You understand that for each named scholarship you support, KCS will fund the remainder of each Scholar's annual KCS scholarship up to a maximum of \$7,500 as set forth in the KCS Program Guidelines.
6. Additional Direction: You may indicate preferences for the individual(s) to whom the Named Scholarship is awarded below. Please rank below the importance of each criteria below. If you do not wish to indicate a preference, check None.

Priority	Direction Type	Description
<input type="checkbox"/>	Designated Institution	Attend the following Institution (must be part of the KCS Postsecondary Network): _____
<input type="checkbox"/>	Institution Type	Attend a: <input type="checkbox"/> Two Year Institution <input type="checkbox"/> Four Year Institution
<input type="checkbox"/>	Area of Study	Pursue the following area of study: _____
<input type="checkbox"/>	Residing In	Resides in the following specific state/town/city/county within the KCS six county area: _____
<input type="checkbox"/>	Graduated From	A graduate from the following high school: _____
<input type="checkbox"/>	None	Is selected by KCS without any additional direction from you

7. ☐ Yes, KCS can provide my contact information as listed below to my Scholar.
 Email Address: _____ Mailing Address: _____
8. ☐ I give permission for KCS to list me on its website and other publicly disseminated lists.

This agreement must be signed by both you and an authorized representative of KCS in order to be binding.

YOU

(Type your name in as an electronic signature)

KANSAS CITY SCHOLARS, INC.

(Type your name in as an electronic signature)

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Email Address: _____

Phone Number: _____

Mailing Address: CSL Scholars 404 N Noland Rd Independence, MO 64050