



**COMMUNITY FOUNDATION**  
OF THE NORTHERN SHENANDOAH VALLEY

APPLICATION FOR DESIGNATED,  
SCHOLARSHIP, FIELD OF INTEREST OR  
UNRESTRICTED FUND(S)

COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY

P.O. BOX 2391, WINCHESTER, VA 22604

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# 1 DONOR INFORMATION

## DONOR 1

Preferred salutation: \_\_\_\_\_

Full name (First, Middle, Last): \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business or organization name: \_\_\_\_\_

Position/title: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Send mailings to my:  Home  Office

Arts and Culture  Environment

Civic Engagement  Health

Education  Human Services

Charitable Interests  
(Please check all that apply):  Other interest: \_\_\_\_\_

Benefit the community  Involve generations in giving

Learn about a specific issue  Simplify my annual charitable giving

Reduce Tax Burden  Memorialize/honor someone

Other: \_\_\_\_\_

What motivated you to establish this fund? (Please check all that apply)

Would you be willing to be profiled in Foundation materials (i.e., website, Facebook, newsletter)?  Yes  No

**DONOR 2**

Preferred salutation: \_\_\_\_\_

Full name (First, Middle, Last): \_\_\_\_\_

Home address: \_\_\_\_\_

Business or organization name: \_\_\_\_\_

Position/title: \_\_\_\_\_

Business address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Send mailings to my:  Home  Office

Arts and Culture  Environment

Civic Engagement  Health

Education  Human Services

Charitable Interests  
(Please check all that apply):  Other interest: \_\_\_\_\_

Benefit the community  Involve generations in giving

Learn about a specific issue  Simplify my annual charitable giving

Reduce Tax Burden  Memorialize/honor someone

Other: \_\_\_\_\_

What motivated you to establish this fund? (Please check all that apply)

Would you be willing to be profiled in Foundation materials (i.e., website, Facebook, newsletter)?

Yes  No

**PROFESSIONAL ADVISOR**

If you are working with a legal, financial, tax or estate planner to establish this fund, please complete the following. We would like to thank them for their help.

Advisor Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email \_\_\_\_\_

**REFERRAL**

How did you learn about the Community Foundation of the Northern Shenandoah Valley?

- Advisor
- Foundation employee
- Family/friend/donor
- Web site/media
- Other
- Arts and Culture

Please list their name so we can thank them.

Name: \_\_\_\_\_

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## 2 YOUR FUND

### FUND TYPE

Please select the type of fund you wish to establish.

- Designated                       Scholarship  
 Field of Interest                 Unrestricted

### NAME YOUR FUND

Please choose a name for your fund. Your fund name will appear in all foundation materials. If you wish your fund to be anonymous, please name it accordingly.

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Grants made to charities are accompanied by a letter which includes the fund name (e.g. The John H. Smith Family Fund) and the recognition option you select (e.g. advisor name and address etc.). However, you may also recommend that specific grants be sent anonymously.

### DESCRIBE YOUR FUND

Please create a short description for your fund. The description will appear in on the CFNSV website and other foundation materials that list funds.

### DESIGNATED RECIPIENT(S) – DESIGNATED FUND ONLY

Please list the charitable organization(s) you wish to support with this fund.

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### FIELD OF INTEREST – FIELD OF INTEREST FUND ONLY

Please list the charitable issue you wish to support with this fund.

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### 3 FUND ADVISOR INFORMATION

The donor may choose to serve as the advisor to the fund, or they may designate an advisor(s). (For example, the donor who establishes a designated fund may wish to assign the Executive Director of that organization as the advisor for the fund.) The Community Foundation of the Shenandoah Valley will consider the advisor the primary contact for information such as account balances and distribution requests.

#### ADVISOR 1\*

Check here if Advisor 1 is the same as Donor 1. If so, you do not need to repeat the information.

Preferred salutation: \_\_\_\_\_

Full name (First, Middle, Last): \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business or organization name: \_\_\_\_\_

Position/title: \_\_\_\_\_

Business address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Send mailings to my:  Home  Office

\*All correspondence will be sent to Advisor 1, unless otherwise specified.

**ADVISOR 2\***

Check here if Advisor 2 is the same as Donor 2. If so, you do not need to repeat the information.

Preferred salutation: \_\_\_\_\_

Full name (First, Middle, Last): \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business or organization name: \_\_\_\_\_

Position/title: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Send mailings to my:  Home  Office

\*All correspondence will be sent to Advisor 1, unless otherwise specified.

## 4 CONTRIBUTIONS

The minimum initial contribution is \$5,000. Funds must reach \$5000 in five years to be fully endowed. Additional gifts can be made in any amount at any time by the Donor(s) or others. If making a contribution of multiple securities or assets, please attach pages as needed. If transferring stock electronically, please call the Foundation for DTC instructions.

- Check for the following amount \$ \_\_\_\_\_
- Real estate (attach detail of property)\*\*
- Closely held stock, Partnership or LLC interest, etc. (attach detail of asset)\*\*
- Publicly traded securities \_\_\_\_\_ Shares of \_\_\_\_\_
- Other \_\_\_\_\_

*\*\*Please contact the Foundation in advance to discuss the details of these types of gifts*

## 5 INVESTMENTS

The investment philosophy of the Community Foundation of the Northern Shenandoah Valley Foundation's emphasizes long-term results using a diversified portfolio of several different asset classes and strategies. We strive to preserve capital while achieving good returns year after year. Our objectives are to obtain investment results that will:

- Provide reasonable funding for grants over the long-term
- Insulate the value of the corpus against inflation, net of charitable distributions and expenses; and,
- Provide necessary funding to meet expenses.

Please provide me with a copy of the CFNSV Investment Policy Statement

## 6 FEES

The fund will be charged an annual administrative fee in accordance with the *Policy on General Support from Component Funds*, adopted and amended from time to time by the Foundation.

Please provide me with a copy of the CFNSV Policy on General Support from Endowment Funds



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**7** SIGNATURES (DONOR(S) LISTED IN SECTION 1 MUST SIGN BELOW)

Donor 1

Donor 2

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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## **A** SCHOLARSHIP FUND ADDENDUM

You may support more than one scholarship from a single scholarship fund. Please complete as many copies of this addendum as necessary for your fund.

### **EDUCATIONAL INSTITUTION**

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### **NAME OF SCHOLARSHIP**

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### **DESCRIPTION OF SCHOLARSHIP FOR PROMOTION**

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### **INITIAL NUMBER AND AMOUNT OF SCHOLARSHIPS TO BE AWARDED**

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### **PURPOSE OF SCHOLARSHIP**

- Memorial 

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- Honorary 

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- Support a specific field of study 

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- Help a specific category of student 

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- Other 

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### **SCHOLARSHIP WILL BE SELECTED BY**

- Scholarship Committee at Educational Institution
- Scholarship Committee at Community Foundation
- Other 

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**AWARD ELIGIBILITY (PLEASE INDICATE IF REQUIRED OR PREFERRED)**

Criteria	Criteria Details	Required	Preferred
<input type="checkbox"/> Residency requirement	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recent HS graduate, or other specifications	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Specified area of study	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Required GPA	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full or part time student	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial need	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> First generation or other specific category of student	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional criteria	_____	<input type="checkbox"/>	<input type="checkbox"/>

**ESSAY (IF REQUIRED)**

Essay Topic \_\_\_\_\_  
 Number of words maximum \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

**PROMOTION**

The Foundation shall publicize and promote the scholarship availability, as well as the names of the recipients through numerous ways – including its website, Facebook, and newsletters. Personal award presentations are encouraged and as the Foundation, may be incorporated into an annual event. Recipients shall also be presented with an award letter. In addition, the Foundation will issue press releases. The Foundation reserves the right to approve all print materials regarding the scholarship written by the University, Donor and Recipient.

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## **B** ADDITIONAL INSTRUCTIONS

Please specify any additional instructions you would like included in the fund agreement.