

ESA FOUNDATION IRREVOCABLE ENDOWMENT CRITERIA CHANGE FORM

_____ wishes to make the following
(Individual/Chapter/Council or other Organization Establishing the Endowment)

change(s) for the _____
(Current name of the Endowment)

1. Change the name of this endowment to read:

2. Change the special criteria: [Example: Specific Major – i.e. nursing, teaching, engineering, etc. limited to students in a certain state or to a specific university / college or GPA or [ANY MAJOR, ANY STATE, ANY SCHOOL, GPA 3.00 minimum on 4.00 scale] for the endowment to:

3. We (I) wish to designate the judging criteria for this endowment. (All endowments that are not designated otherwise are judged by (E) criteria). Select one (1) of the judging criteria to be used for this endowment:

X	Criteria	Service / Leadership	Financial Need	Scholastic Ability
	A	20	35	35
	B	15	50	25
	C	15	25	50
	D	50	20	20
	E	30	30	30
	F	40	40	10

4. In the event that there are no qualified applicants for the scholarship associated with this endowment, we (I) request that the scholarship committee:

_____ Select the winner from the following Scholarship:

[name of Scholarship]

_____ Not award the scholarship, but allow endowment funds to build for the year

Note: Endowment criteria changes must be requested by May 31st to ensure they are included in the upcoming scholarship year. Additionally, changes may be made to endowment criteria only once every 5 years, unless the endowment scholarship has not been awarded in 3 or more years.

Signed _____ Date: _____
(Current authorized person for this endowment must sign)

Please complete and send to the current ESA Foundation Endowment Chairman

Signature of ESAF Endowment Chairman: _____

Authorized Change accepted by the Endowment Chairman: (Date) _____