## Endowment AGREEMENT

|                                |  | Date   | April 11, 2005   |
|--------------------------------|--|--|--|
| NAME                           | Jason and Sally Miller   | Phone  | (555) 999-1234   |
| ADDRESS                        | 555 Compton Road   |  |  |
|                                | Lakeside MD 12345  | ID#  | 123456   |
|                                | PROPOSAL   |  |  |
| students en persons making the | of at least \$50,000. The purpose of this endowment rolled in the program of Eastern Mennonit The university's financial assistan scholarship awards and will have the flexibility to deeports of the funding activities will be provided along students are encouraged to express their personal approport. | fund is to<br>e Universice office we<br>termine to<br>g with the | provide scholarships for<br>sity. Priority will be given to<br>will be responsible for<br>he eligibility criteria. |
|                                | FUNDING PLAN   |  |  |
| additional g<br>Guidelines     | and Sally Miller Endowed Scholarship will be funder gifts of, with the remainder to be funded to protect the principal from being spent or eroded by his proposal.   | through  | the Miller estate.   |
|                                |  | Da   | te   |
|                                |  | Da   | te   |
|                                |  |  |  |
| EMU                            | Development Office Representative  | Da   | te   |