

Trenholm State Faculty/Staff Giving Program

Name (Dr., Mr., Mrs., Ms.):						(please print)
Address:	City:		State	e:	Zip Co	ode:
Phone:	Email:					
Department:			Faculty		Staff	
Please check a box below	:					
A minimum \$25 monthly contribution allows you to allocate the funds to a named scholarship below. Contributions under \$25 will be allocated to the General Scholarship Fund.						
☐ Trenholm State First-Gener	ation College Scholarship	☐ Mr. Samuel M	Iunnerlyn Le	eadersh	ip Scholar	ship
	not attended a postsecondary institution ,250 for the fall and spring semesters. GPA of 2.5 on a 4.0 scale.	integrity, respons	sibility, dedicatio ties. Students w	on, and pa vill be awa	orticipation in orded up to \$1	Community College through extracurricular collegiate to ,250 for the fall and spring 4.0 scale.
☐ Dr.AnthonyL.Molina Acad Scholarship	emic Excellence	☐ Dr. H.C. Trenk	nolm (Financ	ial Need) Scholars	hip
	demically by maintaining a cumulative e for up to \$1,250 for the fall and spring	Any student who does not exceed				
		☐ General Schol	larship Emerg	gency Sc	holarship	
☐ Mr. and Mrs. Anderson Memorial Health Services Scholarship (Academic Excellence).		Any student with a minimum 2.5 in any major is eligible for up to \$1,250 for the fall and spring semester.				
Any student enrolled in a Health Services Technology program who has excelled academically by maintaining a cumulative GPA		☐ Beverly Ross Scholarship Fund				
of 3.0 on a 4.0 scale is eligible for u spring semesters.		Any student with the GPA does not and achievement their particular n	t accurately re t. The applicant	flect their must subr	academic ca mit a essay de	pability stailing
☐ Mr. and Mrs. Anderson Mer Scholarship (First generation		and spring semes	sters.			
family or a family where both pare institution. Students S are eligible	Health Program for a single-parent ents have not attended a postsecondary to receive up to \$1,250 for fall and cumulative GPA of 2.5 on 4.0 scale.	□ Non-Credit W	Vorkforce De	velopmo	ent Scholar	rship

Please check all boxes that apply to this deduction:				
	I would like to make a recurring gift through payroll deduction. I authorize my employer to deduct \$per month or pay period from my salary, beginning, in accordance with Federal and State policies for payroll deductions.			
	NOTE: Yourpayroll deduction will renew automatically each year unless you notify Human Resources in writing at least 30 days prior to the next pay period.			
	One-time contribution of \$in Cash, Check, or Money Order (attached).			
	I wish to remain anonymous; keep my contribution confidential.			
Sig	natureDate			
	The Trenholm State Foundation is a nonprofit organization under Section 501(c)(3) of the Internal Revenue Code. All donations are tax deductible.			
Return completed form to the Office of Human Resources at Trenholm State Community College				
	THANK YOU for your support!			