



HERITAGE MATCHING FUND PROGRAM

Heritage Matching Fund Contribution Form

Please complete this form for each scholarship to be awarded.
Duplicate this form as necessary.

The AAAA Scholarship Foundation, Inc. is a not-for-profit, tax-exempt corporation organized to render financial assistance for the college-level education of members of the Army Aviation Association of America, Inc., and spouses, unmarried siblings, and children and grandchildren of members and deceased members.

Our Organization wishes to participate in the Heritage Matching Fund Scholarship Program.

We understand that this form and our check made payable to the "AAAA Scholarship Foundation, Inc." must be received at the AAAA National office by March 1 of the year in which the scholarship will be awarded.

We would like to establish a Heritage Perpetual (endowed) Scholarship Fund in the name indicated below to award a minimum of \$1,000 perpetual scholarship annually. Due to the Uniform Prudent Management of Institutional Funds Act (UPMIFA) required "spend rate" established by the Scholarship Foundation Board of 3.5%, the principal total must eventually be \$28,600 or more before an actual award will be made from interest, capital gains, and dividends. The AAAA Scholarship Foundation will match up to \$10,000, funds permitting.

We understand that eligible applicants affiliated with our organization, either directly or through their AAAA member relative, will be given preference over other applicants on the overall Order of Merit List (OML) established by the Selection Committee. If there are no applicants affiliated with our organization, the scholarship will be awarded to the next most meritorious applicant on the OML. All awards will be awarded in the following priorities: freshmen, upperclassmen, and graduate students.

The amount of our donation is \$ _____ and we understand that we will receive a matching donation of \$ _____ from the AAAA Scholarship Foundation, funds permitting.

We request that our Heritage scholarship be known as:

Name of the Scholarship: _____

Please attach a brief description of your organization (history, mission statement, etc.)

Signature of Authorized Organization Representative

Date