



P. O. Box 86
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www.keota.k12.ia.us

Keota Education Foundation, Inc.

Providing Access to Educational Opportunities

Scholarship Donation Form

Scholarship Name: _____

Date: _____

Name of Donor(s): _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Email address: _____

Scholarship Criteria:

Academic Financial Need only Academic and Financial Need

Other (Comment below)

Other Award Criteria:

Type of Gift: One time in the amount of \$ _____

Recurring (Amt. to be dispersed per year) \$ _____

Comments:

Tribute Information: In honor of _____

In Memory of _____