foundation
SAN JOSE • EVERGREEN COMMUNITY COLLEGE DISTRICT

New Account Request

REQUESTED BY: _____

Account Type: Permanently Restricted: *Endowment* ☐

Temporarily Restricted: *Scholarship* ☐ *Trust* ☐ *Grant* ☐

Campus: **SJCC** ☐ **EVC** ☐ **District-Wide** ☐

Account Title: _____

(i.e.: Music Dept. Trust or John Doe Memorial Scholarship)

Purpose: _____

Sources of Revenue: _____

Types of Expenditures: _____

The individuals listed below will be the authorized signers on the Foundation account. All signatures required.

Authorized Representative
Club/Trust/Fund — Name | Title | x Signature | Date

Authorized Representative
Club/Trust/Fund — Name | Title | x Signature | Date

VP of Administrative Services — Name | x Signature | Date

Return completed form and any supporting documentation to Foundation Business Office

Make checks payable to: SJECCD Foundation
40 S. Market Street, 5th Floor
San Jose, CA 95113

All expenditures will require 3 signatures. Accounts must maintain an average monthly balance greater than $100.
A 3.5% administrative fee will be charged to all trust accounts based on the accounts' June 30 balance.
Scholarship accounts are charged a 1.5% administrative fee. Any account that remains dormant for 3 years will be consolidated into the Foundation's general account for foundation support of college activities.

OFFICE USE ONLY

Foundation approval:

Foundation Business Office — x Signature — Date

Lauri Adachi — x Institutional Advancement Officer — Signature — Date

Account Name: _____

Account Number: Fund _____ Revenue _____ Expense _____