



University  
of Windsor

APPLICATION TO OPEN TRUST ACCOUNTS

**1. Name of Trust Account:** \_\_\_\_\_

Department Number: \_\_\_\_\_

Department Name: \_\_\_\_\_

Can the capital be spent? Yes    No

If YES, please note that the account will NOT bear interest.

Is the use of funds restricted by the Donor? Yes    No

Is the use of funds restricted by the Board of Governors? Yes    No

If YES, provide date of Board approval: \_\_\_\_\_

**2. Type of Trust Account:**

If you selected the Type "Scholarship", please fill out the Terms of Reference here for an annual award and here for an endowment or pledge.

Provide a statement of the terms of reference of this NON-Scholarship account, detailing what the account is used for:

If the account expenditures exceed revenues, who will be responsible? Which account will cover the overspent amount?

Name	Ext.	Account #

### 3. Department Head Signature:

Your typed name below indicates your approval of the form and confirms that all information is accurate.

\_\_\_\_\_ Date: \_\_\_\_\_

Forward this form according to the following:

Type of Scholarship	Email To
Graduate Scholarships	gradaward@uwindsor.ca
Undergraduate Scholarships	award1@uwindsor.ca
Other/Capital Trusts	stephanie.sciacca@uwindsor.ca

### Financial Services Use Only:

Program Number: \_\_\_\_\_ Date: \_\_\_\_\_

Account Setup By: \_\_\_\_\_

Descriptive Flex Field:

Hierarchies:

Spending Policy:

OTSS & OTOSF:

Funding Restriction:

Donor Reporting: \_\_\_\_\_