

# 5/12 Scholarship Program

**SPONSOR FORM**

PLEASE TYPE OR PRINT

Sponsoring Organization or Business \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**OUR GOAL: To raise \$3,000 per year;**

**and, therefore, guarantee three full scholarships upon each recipient's completion of 12<sup>th</sup> grade.**

Sponsor Method:

- Annual commitment in the amount of \$\_\_\_\_\_. Date: \_\_\_\_\_
- One-year commitment in the amount of \$\_\_\_\_\_. Contact me again next year.
- I would like to sponsor a child from 5<sup>th</sup> grade to 12<sup>th</sup> - \$1,000.
- Other \_\_\_\_\_

You will be notified of the recipient's name and school. If you wish to communicate with the student and their parent/guardian(s), please note here.

*Please make check payable to DeForest Area School District*

*Memo: 5/12 Scholarship Program.*

Mail to . . . or forward questions, comments and/or special requests to:

**Kathy Williams, c/o 5/12 Scholarship Program**

**DeForest Area School District**

**500 S Cleveland Avenue**

**DeForest, WI 53532**

Thank you for your generosity.