

5/12 Scholarship Program

SPONSOR FORM

PLEASE TYPE OR PRINT

Sponsoring Organization or Business _____

Contact Person _____

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 12th 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 5th grade to 12th - \$1,000.
- Other _____

You will be notified of the recipient's name and school. If you wish to communicate with the student and his/her parents, 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:
Debbie Brewster, c/o 5/12 Scholarship Program
DeForest Area School District
520 E. Holum Street
DeForest, WI 53532

Thank you for your generosity.