



## NEW SCHOLARSHIPS PROGRAM CONTRACT DONATION WORKSHEET

Donors Name/Business/Organization:

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Contact Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address

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Name of Scholarship

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Amount of Scholarship \_\_\_\_\_

Number of Scholarships \_\_\_\_\_

Length of Contract: \_\_\_\_\_

Criteria: \_\_\_\_\_

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