

VASHON COMMUNITY SCHOLARSHIP FOUNDATION

PO Box 1413, Vashon, Washington 98070
www.vashonscholarshipfoundation.org
info@vashonscholarshipfoundation.org

Scholarship Donation Form: Due **February 10th**

Please complete section **A** or **B**, depending on your donation choice.

A I would like to contribute the following scholarship. Please complete the criteria list on reverse as well.

Name of scholarship: _____

Name of contributor: _____

Name of Contact Person: _____ Contact Phone: _____

Address: _____

Phone: _____ **Email:** _____

Number of scholarships: _____ Amount of each: _____

Total donation: _____

- **Non-profit/tax-exempt organizations or donors giving memorials may select their own scholarship's recipient.**
- **Business donors' recipients will be chosen by the impartial Community Selection Panel.**
- **Please note that scholarships may not be awarded to a member of the donor's family or immediate household.**

I would like to choose my recipient. _____ I would like the Selection Panel to choose my recipient. _____

Non-profit / Tax-exempt? _____ Tax-exempt number _____

I wish to present the scholarship personally at the Awards Ceremony: Yes _____ No _____

Name of scholarship presenter _____

Address _____ Phone _____

B I would like to contribute to the VCSF General Fund. This fund is used by the Selection Panel and VCSF to distribute additional scholarships to deserving students.

Name of Donor _____

Address _____

Amount _____

All contribution checks are due **February 10 or earlier. Thank you for your support of our graduates!**

Please complete and return to VCSF, P. O. Box 1413, Vashon, WA 98070