

# SCHOLARSHIPS

## DONATION CONTRACT WORKSHEET



Donor's Name/Business/Organization:

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### CONTACT INFORMATION

Name \_\_\_\_\_

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

Email \_\_\_\_\_

Address

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### SCHOLARSHIP INFORMATION

Name of Scholarship \_\_\_\_\_

Scholarship: Amount \_\_\_\_\_ Number (qty) \_\_\_\_\_

Contract length: \_\_\_\_\_

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

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