

Memorial Fund/Scholarship Fund

(Name of School)

(Name of Club)

Memorial Fund/Scholarship Fund General Information Sheet

Fiscal Year: _____

Memorial / Scholarship Name: _____

School Site: _____

Year Established: _____ Initial Amount: _____

Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Bank Account for Funds: _____

Intended Purpose: _____

Selection Committee:

Selection Criteria: *(attach application and instructions, if applicable)*

Annual Award: _____

Special Instructions: _____

Received at: _____

Form prepared by: _____
Signature, Title and Date

Site Administrator or Designee: _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

Business Office Approval: _____
Signature, Title and Date