



SOUTHERN REGIONAL SCHOOL DISTRICT

Manahawkin, NJ 08050

CLASS OF 2020 SCHOLARSHIP DONATION FORM

Title of Scholarship: _____

Amount of Scholarship: \$ _____ for _____ year(s)

Stipulation of Scholarship (if applicable):

Scholarship Selection Process (please select one option below):

_____ I will select the recipient (recommended option)

_____ I need a list of students in order to choose the recipient (specify the type of list below):

Type of Student List Requested _____

_____ I would like the Southern Regional High School Scholarship Committee to select the recipient

Name of Individual Donor/Organization: _____

Year scholarship was initiated: _____

Name of Contact Representative: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

Name of Person Presenting Award: _____

Please e-mail or mail this form to Kristie Prescott
Southern Regional School District
105 Cedar Bridge Road
Manahawkin, NJ 08050
(609) 597-9481 Ext. 4412 or Fax (609) 978-0298
kprescott@srsd.net