

NEW

SOUTHERN REGIONAL HIGH SCHOOL DISTRICT
Manahawkin, New Jersey 08050



SCHOLARSHIP DONATION FORM

Title of Scholarship: _____

Amount of Scholarship: _____ Years of Scholarship: _____

Stipulation: {Example: Student must be entering the field of teaching, must be a resident of, or attending the following elementary school}

Please check:

I agree that the Southern Regional High School Scholarship Committee shall determine the recipient of this award. I understand that I will be notified of the identity of the recipient.

I prefer to determine the recipient of this award

I need a list of students in order to choose the recipient {specify what type of list below}

Name of Individual Donor/Organization: _____

Year Scholarship Program was Initiated With SRHS: _____

Name of Contact Representative: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

Name of Person Presenting Award: _____

Please return form to Cheryl Barrett at the following address:
Southern Regional High School District
105 Cedar Bridge Road
Manahawkin, NJ 08050
(609) 597-9481 Ext. 4412 or Fax (609) 978-0298