



SCHOLARSHIP PLEDGE FORM

Please complete this form and submit it to Sullivan Heights by May1st

A. SCHOLARSHIP DONOR INFORMATION:

Organization: _____

Contact Name: _____ Address: _____

Position: _____ Postal Code: _____

Phone: _____ Email: _____

B. AWARD NAME AND CRITERIA: NAME OF THE AWARD: _____

The Award is to be selected on the following criteria: *(select one or more)*

- | | |
|---|---|
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Financial Need |
| <input type="checkbox"/> Academic Ability | <input type="checkbox"/> Specific Career or Education Goals (_____) |
| <input type="checkbox"/> Participation in Athletics | <input type="checkbox"/> To Be Determined By the School |

Other: _____

C. AWARD DONATION: I pledge \$ _____ for _____ award(s) of \$ _____ each

I would like this to be an annual award

Additional Comments:

Make all cheques payable to Sullivan Heights Secondary School
Tax Receipts will be provided to donations greater than \$25.00 and will be mailed to the address listed.
 Yes, Please send me a tax receipt No, I do not need a tax receipt

Signature: _____

Date: _____