

Decatur County Community Scholarship Fund

Annual Scholarship Donation Application

Please complete all sections.

SECTION I.

Indicate:

- Scholarship Awarded in Memory of
 Scholarship Awarded in Honor of

SECTION II.

Title:



Title for Scholarship Award

\$ _____ **Amount to be Awarded**

- North Decatur** **South Decatur** **Not Specified**

Qualified amounts - [donation minimum of \$1000 ~ additional funds must be given in increments of \$1000]

*Due Date of Application and Funds 12/31/16
to be awarded the Spring 2017*

SECTION III.

Contact Information:

Donor(s) Name

Primary Phone Number

Secondary Phone Number

Address

City

State

Zip

Please mail complete form to:
Karen Fisse- 9269 W County Road 1000 South - Westport, IN 47283