Slippery Rock High School Alumni Association

Scholarship Donation Form

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Please check where appropriate.

|  |  |  |
| --- | --- | --- |
|  | For Scholarship Fund | $\_\_\_\_\_\_\_\_\_\_ |
|  | Annual Membership | $10.00 |
|  | Lifetime Membership | $50.00 |
|  | For General Expenses | $\_\_\_\_\_\_\_\_\_\_ |

We are attempting to keep all alumni information current. Any information obtained is used by the Association only and is not sold, rented or given away for any other purpose. If you move or your information has changed, please notify us and we will make the necessary changes. Thank you!

Please mail to:

SRHSAA Inc.
P.O. Box 674
Slippery Rock PA 16057

Checks may be made payable to:

Slippery Rock High School Alumni Association

Thank You!