



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

SCHOLARSHIP DONATION

Award Title: _____ Amount: _____

Contact Person: _____ Contact Phone Number: _____

Student Eligibility:

Student Type (*Arts, Technology, Science, English, etc*):

Student Qualifications (*Community Service, Volunteer Work, etc*):

Process: _____

Selection: _____

Deadline: _____

Payment Options: _____

Presenter's Name: _____

Recipient's Name: _____