



SOUTHERN REGIONAL SCHOOL DISTRICT
Manahawkin, New Jersey 08050

SCHOLARSHIP DONATION FORM

Title of Scholarship: _____

Amount of each Scholarship: \$ _____ for _____ year(s)

Stipulation of Scholarship (if applicable):

Scholarship Selection Process (please select one option below):

_____ I will select the recipient (*recommended option*)

_____ I need a list of students to choose the recipient (*specify the type of list below*):

Type of Student List Requested _____

_____ I would like the Southern Regional High School Scholarship Committee to select the recipient(s)

Name of Individual Donor/Organization: _____

Year Scholarship was initiated: _____

Name of Contact Representative: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Email:** _____

Please return form to Kristie Prescott:
Southern Regional School District
105 Cedar Bridge Road
Manahawkin, NJ 08050
kprescott@srsd.net