

Scholarship/Donation Type

- Half Scholarship** - \$25/month for ten months (total of \$250)
- Full Scholarship** - \$50/month for ten months (total of \$500)
- Donation** - I would like to make a donation of \$
- Corporate Sponsorship** - A company or organization can support a group of children or an entire classroom. We will assist you in developing a program for corporate matching or paycheck withholdings. Please call for more information (801) 319-4021

Payment type

- Check
 - Credit card (circle type): Visa AmEx MasterCard
- Name on card: _____
- Card #: _____ Expiration: _____
- Billing Address: _____ City: _____ State: _____

Contact Information

Name of sponsoring individual, family, or group: _____

Address: _____ City: _____ State: _____

eMail: _____ Phone: (____) - _____