

# STAFF ASSOCIATION SCHOLARSHIP FUND

## Donation Form

One time payroll deduction of \$ \_\_\_\_\_

On-going deduction per pay period of \$ \_\_\_\_\_  
(until further notice)

Cash/Check donation of \$ \_\_\_\_\_

Name

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Signature

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Date

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PLEASE COMPLETE AND RETURN FORM TO A  
Scholarship Committee Member or turn it in to  
Human Resources in the Administration Building