

# LYONS TOWNSHIP HIGH SCHOOL DISTRICT 204

## Awards, Honors, and Scholarships Donor Form

### I. INITIAL CONTACT AND DONOR INFORMATION

Contact Day/Date \_\_\_\_\_ Taken by \_\_\_\_\_

Donor(s) \_\_\_\_\_ Group Affiliation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Select One: \_\_\_\_\_ A. General Scholarship Fund \_\_\_\_\_ B. Individual Scholarship

### II. A. GENERAL SCHOLARSHIP FUND

Initial Contribution \_\_\_\_\_ Effective School Year \_\_\_\_\_

### III. B. INDIVIDUAL SCHOLARSHIP FUND

Initial Contribution \_\_\_\_\_ Annual Contribution \_\_\_\_\_

Effective School Year \_\_\_\_\_ Anticipated Duration \_\_\_\_\_

Title \_\_\_\_\_

Applicant Screening (select one): \_\_\_\_\_ donor \_\_\_\_\_ LTHS

Applicant Selection (select one): \_\_\_\_\_ donor \_\_\_\_\_ LTHS

Monetary Distribution (select one): \_\_\_\_\_ donor to student \_\_\_\_\_ donor to LTHS to student

• Purpose/Recognition Please clearly state the purpose and recognition. \_\_\_\_\_

### IV. CRITERIA

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ College Major/Career Goal \_\_\_\_\_

Athletic \_\_\_\_\_ Activity \_\_\_\_\_

Other \_\_\_\_\_

### V. SIGNATURES

Donor(s) \_\_\_\_\_ LTHS Representative \_\_\_\_\_

Please complete and return to:  
Lyons Township High School District 204  
College/Career Office - North Campus  
100 S. Brainard Ave.  
LaGrange, IL 60525

- *All Donor forms must be returned by March 1<sup>st</sup> of the academic year in which the donation is to be awarded.*
- *All contributions must be received by May 1<sup>st</sup> of the academic year in which the donation is to be awarded.*

#### District 204 Office Use Only

Meeting Day/Date \_\_\_\_\_ Participants \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Cc • Business Services • College/Career Coordinator • Principal • Superintendent