

Individual-Sponsored Scholarship Form

From: _____

To: The National Scholarship Committee
C/o AMBUCS Resource Center
PO Box 5127
High Point, NC 27262
336-852-0052 Fax 336-852-6830



I would like to help fund a scholarship(s) in the coming school year with my gift of \$_____.

Circle one: Check enclosed Call the phone # below for Credit Card details

Your Name: _____
(First) (Initial) (Last)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Chapter name (if applicable): _____

Scholarship Preferences:

* I would prefer the student to be working towards a degree in this profession (circle one): Physical Therapy Occupational Therapy Audiology/Speech Pathology

* I would prefer for the student to live in this state: _____

* I would prefer for the student go to the following school:

*We will make every effort to comply with your wishes but, in any case where that becomes impossible, this donation will be used where the need is greatest.