

Scholarship Donation Form

Name of Person/Chapter/Organization Donating:

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| Name of Person/Chapter/Organization Donating |  |
| E-mail Address |  |
| **Scholarship Donation Amount** | |
| Hurst Scholarship |  |
| Jeremy Jackson Scholarship |  |
| State Leadership Conference Scholarship |  |
| Total Donation |  |

Please mail this form and the donation to: Indiana FCCLA  
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