



Black River Falls Area Foundation

SCHOLARSHIP RECIPIENT CONTACT INFORMATION

Name _____ DOB: _____

Mailing Address _____

Phone # _____

Email Address (**NOT** your High School Address) _____

Local Contact Information

Contact(s) _____

Relationship(s) _____

Mailing Address _____

Phone # _____

Email Address _____

School you will be Attending _____

List the Major/Minor degree(s) you are pursuing: _____

Plans for Future Career _____

Include a picture of yourself with this form.

******All contact with you will be made via email. Please make certain you are providing an email address that is valid and will remain valid for the next year.******

Publication Permission

I _____ (print name)
do hereby grant the Black River Falls Area Foundation permission to use my picture, post-secondary school plans and career objectives in their presentation materials both verbal and written and on their website.

_____ (Date) _____ (Signature)

Please keep us informed of any changes to your educational plans.

Failure to do so could result in the loss of the scholarship award.

How to Contact us:

Black River Falls Area Foundation

P.O. Box 99

Black River Falls, WI 54615

Telephone: 715-284-3113

Text: 715-896-3113

DO NOT WRITE BELOW THIS LINE

For Foundation Use Only:

Scholarship(s) Awarded:	Amount	Picture
_____	_____	_____

_____	_____	_____
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