



# 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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_____	_____	_____