Kids' Chance of Pennsylvania, Inc. Scholars Program Sponsorship Commitment Form

<b>Company Name:</b>	
Address:	
Contact Person & Title:	
Telephone:	Fax:
E-mail:	
We will contribute \$years.	(\$25,000.00 minimum) payable over not more than five
We elect to make our contrib	oution (check one):
In a lump sum Semi-annually Annually in equ	•
	arship should be designated Our (Name of scholarship)
organization will be listed as	named here in all Kids' Chance acknowledgments.
	olars Program scholarship be awarded to students majoring in erstand that if there is no suitable applicant intending to major in this
field of study, Kids' Chance regardless of intended field of	reserves the right to award the scholarship to other deserving students, of study.
our Scholars' Program spons	hance of Pennsylvania, Inc. will utilize at least ninety percent (90%) of sorship contribution for scholarship funds and not more than ten percent other Kids' Chance programs including administrative costs.

Please make checks payable to "Kids' Chance of Pennsylvania"

Mail completed form and check to:
Kids' Chance of Pennsylvania
1231 Highland Avenue, Fort Washington, PA 19034

THANK YOU FOR PARTNERING WITH KIDS' CHANCE. YOUR SUPPORT WILL HELP DESERVING PENNSYLVANIA STUDENTS PURSUE THEIR HIGHER EDUCATIONAL DREAMS.