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SCHOLARSHIP CONTRIBUTION

SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

Name of Chapter/Region/Individual: _____

Amount of Contribution: _____

Signature of Chapter President: _____

Signature of Chapter Adviser: _____

Individual Donor Address: _____

To be recognized at the state meeting, contribution needs to be postmarked by **March 15th.**

Send contributions and completed form to South Dakota FCCLA, 103 Wenona Hall,
SDSU, Box 0507, Brookings, SD 57007.