



Scholarship Allocations Form

Name of Scholarship: _____

Name of Contact Person: _____

Name of Organization: _____

Mailing Address of Contact Person: _____

City, State and Zip of Contact Person: _____

Email Address of Contact Person: _____

Telephone Number of Contact Person: _____

Fax Number of Contact Person: _____

Website Address of Organization: _____

Please select at least one of the following options:

- I will make a contribution to my scholarship fund. My contribution is enclosed.
- Please award the entire scholarship fund balance to _____ (insert number) students at \$_____ (insert dollar amount) each.
- Please award \$_____ (amount to be awarded) per fiscal year to _____ (insert number) student(s) at \$_____ (insert dollar amount) each.
- I understand my current scholarship fund balance is zero or negative. I am enclosing a contribution to increase the balance.
- I understand my current scholarship fund balance is zero or negative. However, I am unable to contribute at this time. I am aware that this means the scholarship will not be awarded this year.

Printed Name

Signature

Date

Please make your check payable to "HACC Foundation." Please mail the completed form and your contribution to: **HACC Foundation, One HACC Drive, Harrisburg, PA 17110**