

## Hillman Christian Family/Academy Scholarship Donor Form

**Yes! I/We would like to help one or more families with an HCA Scholarship(s).**

1. Donor Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Amount of Scholarship

\_\_\_\_\_ Yes, I would like to fund a Full Scholarship for \$2400  
\_\_\_\_\_ Yes, I would like to fund more than one Full Scholarship for \$ \_\_\_\_\_  
\_\_\_\_\_ Yes, I would like to fund a Partial Scholarship for \$ \_\_\_\_\_  
\_\_\_\_\_ I will commit to funding a scholarship for \_\_\_\_\_ number of years

3. If your gift is in Honor of or in Memory of someone, fill in appropriate information below.

IN HONOR OF:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

IN MEMORY OF:

Name: \_\_\_\_\_

4. Please let us know if you want your donation to go to any specific family situation (i.e. families with special needs child, adopted children, financial need, etc.)

\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ Check here if you'd like your donation to remain anonymous

6. Please return this form with your Tax Deductible donation to:

**Hillman Christian Family**  
**P.O. Box 729**  
**Hillman, MI 49746**

Please make your check payable to: "Hillman Christian Family" and put in the memo "HCA Scholarship Fund"

If you have any questions please call: Sally Petrik at 480-895-0627 or email at HillmanChristianAcAdemy@gmail.com

**HILLMAN CHRISTIAN ACADEMY THANKS YOU FOR YOUR GENEROSITY!**