

White Pass Scholarship Fund

PO Box 495 Randle WA 98377

Dear Donor:

Thank you for thinking of our scholarship fund as a way to honor your loved one. We are humbled and grateful for your consideration.

The White Pass Scholarship Committee spends many hours going over grade transcripts, work history, community activities, student essays and interviewing all the individuals who apply for scholarships. Moreover, the committee does their job in a serious, impartial and unbiased manner to select recipients. We manage a number of other memorial and organizational scholarships as well as our general fund using our singular selection and award process.

There are several options available for how to utilize your donation. You can either fill out the attached form or we can gather the information over a phone call or in person. Whichever method is most comfortable and convenient for you.

Feel free to reach out to one of the following committee members or myself.

Susan Fortin: susanffortin@gmail.com or phone 360-791-2768

Mary Prophit: mprophit@trl.org or phone: 360-870-3326

Sherry Brown: sherrybrown89@msn.com or phone 360-496-4400

Sincerely,

Sherry Brown

Treasurer, White Pass Scholarship Fund

WHITE PASS MEMORIAL OR GENERAL SCHOLARSHIP CREATION

Date: _____

MEMORIAL or SCHOLARSHIP NAME: _____

If a memorial, please attach a paragraph about the memorial party. This information will be provided to the student receiving the scholarship.

Point of Contact for the Scholarship: _____

Point of Contact Email: _____

Point of Contact Phone: _____

Point of Contact Address: _____

DONATION SPECIFICS:

I/We would like to donate \$_____ annually / one-time (select one)

If an annual sum is given, do you expect to be able to continue this donation into the foreseeable future?

If a one-time sum is given, how much of it would you like to have used per year? Do you expect to replenish this amount? If the one-time sum is larger than \$25,000, we can create an endowment fund and use the annual dividends to fund an annual scholarship. Please clarify your intentions.

Please note any other specific requests or criteria for your contribution. Attach a separate sheet if necessary.

SCHOLARSHIP CRITERIA:

_____ I/We would like the WPSC to make the scholarship selection.

_____ I/We would like the WPSC to make the scholarship selection utilizing the attached criteria. (For instance it should go to a student going into a certain field, a student from a certain area, a student going to a trade school, etc. Please clarify whether this is a preference or a requirement, if a requirement we may not be able to award the scholarship some years.)

_____ I/We would like to participate in the selection process. We will have our POC available at the April meetings to participate in the selections.

PAYMENT: You may make a contribution by either a Pledge or a Cash contribution today.

Pledged amounts will need to be collected by September 30 of the applicable year.

IRS Non-Profit Charitable Tax ID 91-146160