



Student Scholarship Fund Application

Name of Individual or Business: _____

Contact Person (if applicable): _____

Phone #: _____

E-Mail: _____

Business Address:

Please check the appropriate donation box:

YES, I am happy to have my business support the SCTA Scholarship Fund by donating \$100 for the 2023-2024 school year.

YES, I am happy to support the SCTA Scholarship Fund by donating \$10 for the 2023-2024 school year.

Individual Name or Business Owner Name: _____

Signature: _____

Date: _____

*Please mail this form back with your check to:
SCTA Scholarship Fund
2410 N. Ocean Avenue Suite 102
Farmingville, New York 11738*

*****All checks should be made out to the SCTA Scholarship Fund*****

Additional information: If you have a specific graphic or logo you would like us to use on our website and social media posts, please e-mail it to us at scta@scta.net.