

**FACULTY ASSOCIATION**  
**Scholarship Fund Donation Receipt**  
***“Follow Your Dream” Scholarship***

Please provide your personal information on both parts of this receipt. Keep the top portion for your records and include the bottom portion with your donation.

Please make checks payable to the “FA Scholarship Fund”

**For more information regarding the “Follow Your Dream” Scholarship, go to the FA website:  
[www.monroeccfafa.org](http://www.monroeccfafa.org)**

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

Date: \_\_\_\_\_ Amount: \_\_\_\_\_



***Thank you for your contribution to the scholarship fund***



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**FACULTY ASSOCIATION**  
**Scholarship Fund Donation Record of Receipt**  
***“Follow Your Dream” Scholarship***

Name of contributor: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Amount of contribution: \_\_\_\_\_ Date: \_\_\_\_\_

Contribution received by: \_\_\_\_\_  
\_\_\_\_\_