

State Use Only Postmark Date _____ Check Amount _____

SCHOLARSHIP CONTRIBUTION

SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

Name of Chapter/Region/Individual: _____

Amount of Contribution: _____

Signature of Chapter President: _____

Signature of Chapter Adviser: _____

To be recognized at the state meeting, contribution needs to be postmarked by **March 1st.**

Send contributions and completed form to:

South Dakota FCCLA
103 Wenona Hall
SDSU, Box 507
Brookings, SD 57007