

**Black River Falls Area  
FOUNDATION SCHOLARSHIP CONTACT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Local Contact Information

Contact(s) \_\_\_\_\_

Relationship(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

School you will be Attending \_\_\_\_\_

List the Major/Minor degree(s) you are pursuing: \_\_\_\_\_

Include a picture of yourself with your name printed on the back with this form.

**Alumni ONLY** – Include 2 unused, self-addressed, peel & stick, mailing labels with your form.

**\*\*\*\*All contact with you will be made via email. Please make certain you are providing an email address that is valid and will remain valid for the next year.\*\*\*\***

**Publication Permission**

I \_\_\_\_\_ (print name)  
do hereby grant the Black River Falls Area Foundation permission to use my picture, post-secondary school choice and career objectives in their presentation materials both verbal and written and on their website.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

DO NOT WRITE BELOW THIS LINE

**For Foundation Use Only:**

Scholarship(s) Awarded	Amount	Picture
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____