SCHOLARSHIP TRUST FUND

Please complete this form and return to the MUNFA Scholarship Committee, c/o MUNFA Office Room ER4047.

NAME: ___________________________________________ (Please Print)

ADDRESS: __________________________________________

I hereby authorize a ☐ Contribution ☐ Change to my Bi-weekly Contribution to the MUNFA Scholarship Trust Fund to the amount of:

AMOUNT: $______________

Method of Payment (check one):

☐ Cheque made payable to MUNFA Scholarship Trust Fund

☐ Payroll Deduction Per Pay Period

Date:___________________________ Signature:___________________________

PLEASE SUPPORT THE MUNFA SCHOLARSHIP FUND

One small donation can impact the life of a student by providing essential financial assistance that can offset the cost of pursuing a post-secondary education. If you are able to contribute to the Scholarship Fund through either a single contribution or payroll deduction, please contact MUNFA (munfa@mun.ca)