



# 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:**

**Payroll Deduction Per Pay Period:**

*(Make payable to: MUNFA Scholarship Trust Fund)*

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](mailto:munfa@mun.ca))

