



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)