Castroville Area
CHAMBER OF COMMERCE
The Little Alsace of Texas

2021 Scholarship Commitment Form

NAME OF DONOR:_____

CONTACT NAME: _____

MAILING ADDRESS:_____

TELEPHONE NUMBER:_____

EMAIL ADDRESS:_____

SCHOLARSHIP AMOUNT:_____

SPECIFIC CRITERIA:_____

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Would you like to attend the awards program on May 26, 2021 to present your scholarship?

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