



PLEASE MARK YOUR SCHOLARSHIP CONTRIBUTION(S)

___ \$250 STUDENT SCHOLARSHIP(S)

___ \$1,000 FOUNDER'S SCHOLARSHIP(S)

___ \$500 STUDENT SCHOLARSHIP(S)

___ \$5,000 STUDENT SCHOLARSHIP(S)

___ \$750 STUDENT SCHOLARSHIP(S)

PLEASE PRINT OR TYPE

List how you would like your contribution to appear on the program, student's certificate, PowerPoint, etc. in 2017, with LLC's, Inc., your name or family members' names spelled out, etc.

BUSINESS NAME/CONTRIBUTOR(S): _____

SCHOLARSHIP IN MEMORY OF: _____

SCHOLARSHIP IN HONOR OF: _____

NAME OF OWNER OR MANAGER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE: _____ EMAIL: _____

PLEASE COMPLETE THIS PAGE AND MAIL IT TO:

**Explosion of Excellence
P.O. Box 480
Pascagoula, MS 39568-0480**

WITH YOUR CHECK ADDRESSED TO:

Gulf Coast Community Foundation/Explosion of Excellence

Thank you for your support of local high school graduates.

27TH ANNUAL EXPLOSION OF EXCELLENCE SCHOLARSHIP PROGRAM