

# Dr. Harlan E. White Memorial Scholarship Fund Form

Name: \_\_\_\_\_

Organization or Business: \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount: \_\_\_\_\_

**Make Check Payable to**

**VFGC**

**and mail to**

**VFGC**

**Dr. Harlan E. White Memorial**

**Scholarship Fund**

**3599 Indian Oak Road**

**Crewe, VA 23930**

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***Official Use Only***

*Check Number* \_\_\_\_\_

*Amount and level* \_\_\_\_\_

*Date Received* \_\_\_\_\_

*Thank You Letter Sent* \_\_\_\_\_