

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

Official Use Only

Check Number _____

Amount and level _____

Date Received _____

Thank You Letter Sent _____