



Scholarship Naming Information

FORMAL SCHOLARSHIP NAME: _____

EXAMPLE - *Papillion-La Vista Schools Foundation Scholarship In Memory of....*
OR - *Papillion-La Vista Schools Foundation Scholarship Honoring....*

CONTACT PERSON: _____

PHONE: _____

ADDRESS: _____

SECOND CONTACT PERSON: _____

PHONE: _____

ADDRESS: _____

CRITERIA FOR SCHOLARSHIP RECIPIENT*:

WOULD YOU LIKE TO BE INCLUDED IN THE PRESENTATION OF
THE SCHOLARSHIP AT HONOR'S NIGHT?

YES _____ (*We will contact you with details as they become available*)

NO _____

Please return to: The Papillion-La Vista Schools Foundation Office
1201 Golden Gate Dr.
Papillion, NE 68046
402-829-1343

*To be approved by the Foundation Board of Directors