SCHOLARSHIP
AUXILIARY YEAR-END REPORT

Mail to: Grand Scholarship Chairman Due Date: Set by Grand Scholarship Chairman

Date: _____ Grand: _____

Auxiliary Name: _____ Number: _____

Amount sent to Grand Treasurer: $_____

Auxiliaries not in a Grand Amount sent to Supreme Treasurer: $_____

Did your Auxiliary submit a Student's Name for a Scholarship? Yes ☐ No ☐

Did your Auxiliary have a Renewal Application to submit? Yes ☐ No ☐

Describe how the Auxiliary raised funds for the Scholarship Program. _____

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Send 2 copies to Grand Scholarship Chairman.

Scholarship Chairman: _____

Address: _____

City, State, Zip: _____

Email: _____