



TRINITY HIGH SCHOOL  
 "SPONSOR – A – STUDENT PROGRAM"

Thank you for your generous participation in the "Sponsor a Student Program". Your financial commitment will ensure that a Trinity High School student will have the opportunity to begin and /or continue to benefit from Trinity's excellent academic curriculum.

Trinity hopes you will give thoughtful consideration of assuring that your sponsorship will follow this student through her years at Trinity. If you would care to meet with her or correspond with her in writing that can certainly be arranged. An anonymous sponsorship gift to the student is also an option.

Please indicate in the form below the monetary amount you and your co-donors (if applicable) plan to contribute this year to the student. This is not legally binding; it merely assists us in our record keeping. After completing the form, please make a copy for your records.

If you have any questions about the sponsorship program, please do not hesitate to call Christine Bollettino directly at 708/453-8396 or contact her via email at cbollettino@trinityhs.org. We hope to see you at the Fall Scholarship luncheon!

With grateful blessings,

*Sister Michelle Germanson, OP*

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 President

Name of Sponsor _____		Preferred E-Mail _____	
Address _____		City/State/Zip _____	
(_____) _____ Home Phone	(_____) _____ Work Phone		
Amount of Your Annual Scholarship Gift \$ _____		Please send me a reminder.	
My check will be sent: in full by _____		semi-annually _____ quarterly _____	
(Date)		(Dates) (Dates)	
Please Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover		Exp. Date _____	
Signature _____		(date) _____	
____ I would like my gift anonymous to the student.			
____ Please indicate a scholarship recipient preference if applicable. _____			

Please return one completed form to:  
 Trinity High School, 7574 W. Division, River Forest, IL 60305 Attn: Sponsor a Student Scholarship Program

