



REGISTRATION FORM

FIRST NAME _____ LAST NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL. # _____ EMAIL ADDRESS _____

SUMMA CUM LAUDE - \$20,000

MAGNA CUM LAUDE - \$15,000

CUM LAUDE - \$10,000

VALEDICTORIAN - \$8,000

SALUTATORIAN - \$6,500

CLASS PRESIDENT - \$4,500

INDIVIDUAL GOLFER - \$1,200

DINNER GUEST - \$300

TEE SIGN - \$500



PLEASE CHARGE: VISA MASTERCARD AMERICAN EXPRESS

CARD #:

EXPIRATION DATE

VERIFICATION/CVV CODE

SIGNATURE

DATE

SPONSORSHIP LEVEL SELECTED

TOTAL ENCLOSED \$ _____

PLEASE MAKE CHECKS PAYABLE TO:
NEWARK HOUSING AUTHORITY SCHOLARSHIP FOUNDATION
500 BROAD STREET, 6TH FLOOR
NEWARK, NEW JERSEY 07102

