

Annual Scholarship Sponsorship Agreement Form

THIS SIGNED FORM AND FUNDING IS REQUIRED BY FEBRUARY 1	IN ORDER FOR THE SCHOLARSHIP TO BE AWARDED.
/We hereby agree to sponsor (indicate how many)	NATA Foundation scholarship(s).
I/We acknowledge the following criteria to provide an annual s	scholarship.
• The scholarship sponsorship contribution of \$2,500 must be re scholarship is to be awarded.	ceived by February 1 of the calendar year of which the
 \$2,300 of this amount will be awarded to the scholarship recip Foundation to help cover costs of administering the Scholarshi 	•
Company/Group/Individual Name (as you prefer it to be listed	in print)
Authorized Representative Name and Title (please type or prin	t)
Address	<u> </u>
Phone / Fax / Email	
Any Donor Requested Restrictions on Scholarship (require revi	ew and acceptance by NATA Foundation)
Authorized Representative (Donor) Signature	Date

The NATA Foundation invites you or your company/group representative to attend the Pinky Newell Scholarship and Leadership Reception during the NATA Clinical Symposia & AT Expo. All current scholarship recipients are invited to attend this event as guests of the NATA Foundation to publicly receive their award.

Please email this completed form to:
Kathryn LaLonde, NATA Foundation Director
Email: kathrynl@nata.org

THE NATA FOUNDATION SINCERELY APPRECIATES YOUR SUPPORT