



**Carpenter's Place Walk For The Homeless
Morrisey Family Businesses Scholarship Participation Form**

To enter the competition for the **Morrisey Family Businesses Scholarship** of \$1,500, all participants are **required to** complete this participation form. The participation form and all collected donations **must** be received at Carpenter's Place no later than **12:00 noon on Wednesday, October 6th** to count toward the competition. The winner is requested to attend the scholarship award presentation during the opening ceremonies at the **Walk for the Homeless on Saturday, October 9th at 10:00 a.m.**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Telephone:** _____

Current School: _____ **Grade Level:** _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

School to which scholarship will be applied: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I have read and understand the guidelines of scholarship participation.

Please check one: I am 18 years of age or older I am under 18 years of age**

Signature _____ Date _____

****If the individual is under the age of 18, consent of the parent or legal guardian is required.**

I am the parent or legal guardian of the minor named above, have read and understand the guidelines of scholarship participation; and agree to their participation in the scholarship competition.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Telephone:** _____

Signature: _____ **Date:** _____

Mail completed form to: Carpenter's Place; 1149 Railroad Avenue; Rockford, IL 61104

For additional information or to register online please visit our website at: www.carpentersplace.org
or call Joan at: (815) 964-4105 x216.