



**404 S Fond du Lac Ave - Campbellsport, WI 53010
920-533-8392 - www.kingpinlanes.net**

KING PIN LANES SCHOLARSHIP AGREEMENT

Parent or Guardian: Please fill out and return this form for your child's file. Thank you!

I the undersigned have read the guidelines of the King Pin Lanes Scholarship Program and fully understand how the Scholarship Program works.

All monies raised and deposited in the Scholarship Program will be maintained in a separate account administered by King Pin Lanes under the name of King Pin Lanes Scholarship Fund.

It is also understood that all deposits in the King Pin Lanes Scholarship Program will remain in the King Pin Lanes Scholarship Program until such time the child participating in the program is eligible for his/her Scholarship under the stated guidelines.

I the undersigned have read and understand the terms of this agreement and the guidelines of the King Pin Lanes Scholarship Program.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

Please supply all information requested (please print)

Last Name _____ First Name _____ Mid Initial _____

Street Address _____ Phone Number (_____) _____

City _____ Zip Code _____ Birthdate ____ / ____ / ____

Current School Attending _____ Year of Graduation _____

E-mail Address _____