



# Scholarship Donation Application

## Contact Information

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Payment Information

Donation Amount: \_\_\_\_\_

Check enclosed: please make payable to Network for Public Health Law

Credit Card:  Visa  MasterCard  Discover  AMEX

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Please complete this form and email to [aschmalzbauer@networkforphl.org](mailto:aschmalzbauer@networkforphl.org) or mail with payment to:

**Network for Public Health Law National Office**  
**Attn: Anna Schmalzbauer**  
**7101 York Avenue South, Suite 270**  
**Edina, MN 55435**

Contact Anna Schmalzbauer at 952-452-9704 or at the email above with any questions about application and payment.