

CHARIS ACADEMY
ADOPT-A-STUDENT PROGRAM

COMMITMENT FORM
Academic Year: _____

Thank you for your life-changing support of a Charis Academy student. Please fill out the following information so we can process your form and schedule your payments. Sponsors are asked to complete one form per scholarship commitment.

DONOR INFORMATION

This Adopt-a-Student sponsorship is on behalf of:

☐ Individual(s): _____

☐ Organization: _____

Organization Contact & Title: _____

Mailing Address: _____

Email: _____ **Phone:** _____

SCHOLARSHIP INFORMATION

Please select one of the following scholarship tiers:

☐ Full Tuition Sponsor (\$10,000) – Covers full tuition for one student for one year.

☐ Second Mile Sponsor (\$6,600) – Covers the tuition gap after the average parent contribution for one student for one year.

☐ Partner Sponsor (\$3,400) – Matches the average parent contribution for one student for one year.

Name for the Scholarship: _____

(i.e., The Smith Family, John M. Smith, Smith Foundation, etc.)

Alias Name of Student You've Chosen to Support: _____ **UDID:** _____

Will you / your organization participate in a Photo / PR Opportunity? ☐ Yes ☐ No

PAYMENT PLAN INFORMATION

Adopt-a-Student Program sponsorships go into effect beginning August 1 of the sponsored school year.

Installment(s): ☐ One-time Lump Sum Payment ☐ 12 Monthly Installments on the _____ day of each month.

Payment Type: ☐ Cash ☐ Check ☐ Credit / Debit Card

Card Information: ☐ Please call me for my card
information. Name (as it appears on the card): _____

Billing Address: _____ ☐ Same as mailing

Card Number: _____ **Expiration (MM/YY):** _____ **CVV:** _____

Signature: _____ **Date:** _____

☐ I authorize this charge to my credit / debit card. This authorization is valid until I notify Charis Academy of a cancellation.