



## Wenatchee Education Association Scholarship Grant Fund Donation Form

The WenEA Scholarship Grant program offers financial assistance to the sons and daughters of WenEA members as they pursue post-high school education. The grant fund is supported by donations from our members.

### Payroll Deduction Authorization for WenEA Scholarship Grant

**Name of Employee:** \_\_\_\_\_  
(Please print.)

**Mailing address:** \_\_\_\_\_

**Social Security Number:** XXX-XX-\_\_\_\_\_ (for payroll verification)

By completing this document, the above named employee agrees to make a monthly contribution to the Wenatchee Education Association Scholarship Fund in the amount of:

\_\_\_\_\_ \$10    \_\_\_\_\_ \$5    \_\_\_\_\_ \$1    \_\_\_\_\_ other \$ \_\_\_\_\_

The employee hereby authorizes the Wenatchee School District payroll office to withhold the monthly amount from each month's paycheck and to forward it to the WenEA Grant Fund. This authorization is continuous until I give written notice to the **Wenatchee Education Association** and to the **Wenatchee School District** to discontinue this deduction. Such notice shall be made thirty (30) days in advance of the cutoff date for the pay period in which the deduction is to be discontinued.

\_\_\_\_\_  
(Employee Signature) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Association Officer's Signature) \_\_\_\_\_  
(Date)

**Note: Please Pony completed form to WenEA at the District Office, or mail to:  
WenEA, 93 Eastmont Ave., Ste. 150, East Wenatchee, WA 98802**

Original: WSD Payroll  
Copies: Member, WenEA