

HPHS ALUMNI SCHOLARSHIP DONOR FORM

Today's date _____

Name (first, maiden, last): _____

Postal Address: (street, city, state, zip): _____

Email Address: _____

Phone (s): _____

Graduation year or years at HPHS _____

Amount Enclosed: _____

Check Number: _____

Make checks payable to: Huntington Park High School

Indicate on check for: Alumni Scholarship Fund

**Send to:
HUNTINGTON PARK HIGH SCHOOL
Attn: Lindsey Argueta, Counselor
Alumni Scholarship
6020 Miles Ave.,
Huntington Park, CA90255
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