

REGISTRATION FORM
FOR GRANT APPLICATION
FROM GOOD STEWARD RESALE SHOP

1. Name _____
2. Address _____
3. City _____ State _____ Zip _____
4. Telephone _____
5. Congregation Membership _____
6. Name of student for whom application will be made

7. I have read and understand the "Guidelines to Qualify for a Grant." Yes _____ No _____
8. I have notified the parents of the student for whom I intend to fill out an application for a grant.
Yes _____ No _____

On or before September 30th please
Return this registration form to the
Good Steward Resale Shop or mail it to:

Wise Managers, Inc.
400 West Avenue South
La Crosse, WI 54601

1-8-2009

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