



FLETCHER ACADEMY

A Ministry of FAI

STUDENT SPONSORSHIP FORM

School Year: _____-_____

FA Student Name _____

Sponsor Name _____

Sponsor Address _____

Sponsor Contact Phone _____

Sponsor Contact Email _____

I would like to sponsor the above named student as detailed below:

(check and complete below, all that apply)

_____ I will send \$ _____ per month for a total of \$ _____ for the school year.

_____ I will send a one-time amount of \$ _____

_____ Other (add detail) _____

Sponsor Signature

Date