

Education Grant Program “CASF” Child Sponsor

I would like to sponsor _____ for the 2018 year.

Checks should be made payable to ADOPTA UNA FAMILIA, Inc.
and mailed to Erica Thompson at 136 Whiting Lane, West Hartford, CT 06119.

**Scholarship cost
\$450 per student**



Scholarship:

Full Scholarship - \$450 _____

Half Scholarship - \$225 _____

Sponsor Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____