

# WINiT MEMBERSHIP SCHOLARSHIP COMMITMENT

## Prior or Current Member

I am committing sponsorship for the following WINiT Membership Scholarship applicant:

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
Title (if applicable)	Company Name (if applicable)

At the following WINiT Membership level: *(Select one)*

<input type="checkbox"/> Embark Membership (\$120 Value, save 5% if paid annually = \$114)	<input type="checkbox"/> Ascend Membership (\$300 Value, save 5% if paid annually = \$285)	<input type="checkbox"/> Pinnacle Membership (\$600 Value, save 5% if paid annually = \$570)
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This applicant has met the following criteria:

APPLICATION CRITERIA	CONTRIBUTION OF AWARD DECISION	% OF CRITERIA MET	
1. Mentorship Participation	10%	<input type="text"/>	%
2. Philanthropic/Volunteer Endeavors	10%	<input type="text"/>	%
3. Resume	10%	<input type="text"/>	%
4. WINiT Participation	20%	<input type="text"/>	%
5. Written Essay	50%	<input type="text"/>	%
<b>TOTAL</b>	<b>100%</b>	<input type="text"/>	<b>TOTAL %</b>

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## WINiT Membership Scholarship Commitment, cont.

### PRIMARY CONTACT INFORMATION

First Name

Last Name

Title

Company Name

Company Address

City

State

Zip Code

Business Phone (Include Area Code)

Mobile Phone (Include Area Code)

Email

Signature

Date (00/0000)

Printed Name

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### FINANCIAL CONTACT INFORMATION (If other than Primary Contact)

First Name

Last Name

Business Phone (Include Area Code)

Email

Mail completed form with check payable to "WINiT" in the amount of sponsorship member level to:

**WINiT**

**35 Talcotville Rd, Suite 31-111**

**Vernon CT 06066**