

MUST BE ON YOUR ORGANIZATION'S LETTERHEAD

Current Date

Authorized Rep

Organization Name

Street Address

City/State/Zip

To Whom It May Concern:

We are grateful for the opportunity to apply for the City of Maricopa's Scholarship Match program funds. I am writing this letter of commitment to illustrate that we, ORGANIZATION NAME HERE, are committed to fulfilling all requirements if awarded Scholarship Match Program funding. This includes providing evidence of financial capacity to match the award made to this organization by the City.

We are dedicated to providing scholarships that incorporate the City of Maricopa's match to expand the number of scholarship(s) offered or the size of the scholarship(s) awarded and that:

- Are open to all graduating high school students living within the Maricopa Unified School District's boundaries.
- Have an element of community service in order to be awarded
- Are utilized for higher/secondary education after high school

We look forward to hearing if we were awarded Scholarship Match Program funding and can assist the City in expanding the opportunities for our students to pursue additional schooling after high school. Thanks again for the opportunity to apply.

Sincerely

AUTHORIZED REP OF ORGANIZATION
TITLE