



Career Readiness Requirement

Verification Form: **FINANCIAL CONTRIBUTION**

PRODUCTION COMPANY

Date _____ Queue # _____

Project Title _____

Primary Contact's Name _____

Email Address _____

Office Phone _____ Cell Phone _____

FINANCIAL CONTRIBUTION RECIPIENT

Organization / Fund _____

Amount of Contribution _____

Primary Contact's Name _____

Phone _____

Email _____

Important Note: Attach proof of payment and receipt of donation.

Use of Funds: High Schools

- Teacher Professional Development & Externships
- Curriculum Development
- Equipment, Materials, Facilities
- Program Promotion
- Convening Industry Partners
- Student Leadership
- Other _____
- No Preference

Use of Funds: Community Colleges

- Non-Profit Internship Fund

Production Company

Primary Contact _____

Signature _____

Date _____