

**APPENDIX C
SCHOLARSHIP FUND CONTRIBUTION FORM**

I hereby authorize Franklin Pierce University to deduct \$_____ from my salary monthly, which amount is determined by the Federation, but not to exceed the current monthly dues of the Rindge Faculty Federation under Article Four of the Agreement between Franklin Pierce University and the Rindge Faculty Federation, and to pay said amount to the general scholarship fund of Franklin Pierce University.

Date

Signature

CONTRIBUTIONS TO THE GENERAL SCHOLARSHIP FUND OF FRANKLIN PIERCE UNIVERSITY ARE CURRENTLY DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.