

Cornerstone Scholarship Program

Applicant Name: _____

My Sponsor Will Be: _____

My Sponsor's Vitamark I.D. Number: _____

My Address: _____

My City: _____

My State: _____

My Zip Code: _____

My Email: _____

My Social Security Number: _____

My Occupation: _____

Why I Want To Be Part Of The Vitamark Family:

I Commit To Sponsor New Team Members in My First 45 Days.

I Will Set My Goal To Sponsor 1-3____, 4-6____, 7-11____, 12 or More____

I want to Join Vitamark with a Starter Pack (\$297)____, Freedom Pack (\$997)____.

I Can Invest \$_____ In My Business Today.

I Am Willing To Help Others In The Future As I Have Been Helped? Yes___ No___

I Will Commit To A Vitamark 100 Point Auto/Ship Of Products Monthly, Making Me Eligible For Weekly Bonuses._____

I Commit To Following The Cornerstone Training System and Will Be Present At Training Calls and Events._____

Applicant Signature_____ , Date_____

Fax Completed Form to 715-693-8738.