

Beth Haven Christian School

5515 Johnsontown Road – Louisville, KY 40272

(502) 937-3516 Phone (502) 937-3364 Fax

Bill Kolb Memorial Scholarship

STUDENT APPLICATION

Please note that in addition to this form, each applicant must submit two recommendation letters from the following: former teacher/youth pastor/employer/other adult who is not a family member

Student's Name _____
Last First Middle

Grade Level for Upcoming School Year _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Alternate Number _____

Number of Years You Have Attended BHCS _____

Grade-Point Average from Most Recent Report Card* _____

*Please attach a copy of the report card

Household Income** _____

**Please provide copies of W-2 forms

After you have collected your recommendation letters, please place them, along with this application form and the required documentation listed above, into a sealed envelope to be turned in at the school office. All application materials must be returned at the same time in one envelope. PLEASE BE AWARE THAT ANY APPLICATION FORMS RECEIVED WITHOUT THE REQUIRED RECOMMENDATION LETTERS AND DOCUMENTATION WILL BE DISCARDED. All completed applications must be received in the financial office by May 1st; the scholarship recipient will be notified by the end of May.

Student Signature _____ Date _____

Parent Signature _____ Date _____