



*Bethlehem*  
ACADEMY

INSPIRING TRUTH SINCE 1865

105 Third Avenue S.W. • Faribault, MN 55021  
Phone: 507-334-3948 • Fax: 507-334-3949  
www.bacards.org

## Scholarship Form

### Established by:

Donor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
BA Relationship \_\_\_\_\_

### Gift:

Date Established \_\_\_\_\_  
Initial Gift \_\_\_\_\_  
Amount of Award \_\_\_\_\_ Number of Awards \_\_\_\_\_  
Type \_\_\_\_\_  
    \_\_\_\_\_ General (any amount)  
    \_\_\_\_\_ One Year (at least \$1,000)  
    \_\_\_\_\_ Five Years (at least \$500 for five years)  
    \_\_\_\_\_ Endowed (at least \$10,000 before funds released)

### Notes:

### Purpose:

Scholarship Name \_\_\_\_\_  
Gift in honor of \_\_\_\_\_  
Provide a description of honoree or donor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please share a photo of the honoree to use when recognizing them.*

### Criteria:

Donors may have suggestions for criteria to receive the Bethlehem Academy scholarship awards.

Gender \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Age \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_  
Other \_\_\_\_\_ Financial Need \_\_\_\_\_ Honor Roll \_\_\_\_\_  
Specifics \_\_\_\_\_

*(May include academic or athletic interest, community activity, career goal, geographic area, etc.)*

\_\_\_\_\_ No Criteria. Allow the school to decide how the scholarships are awarded.

### Selection:

Bethlehem Academy is responsible for selecting student scholarship recipients.

Signature \_\_\_\_\_ Date \_\_\_\_\_