

5515 Johnsontown Road Louisville, KY 40272 Phone: (502) 937-3516

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Bill Kolb Memorial Scholarship

(Up to a full tuition scholarship for returning high school students with a 3.0 or above GPA)

STUDENT APPLICATION 2017/2018

Please note that in addition to this form the student must submit the following:

- Two letters of recommendation from a former teacher/youth pastor/employer/or other adult who is not a family member.
- One-page essay stating why you should be awarded this scholarship

Student's Name		
Last	First	Middle
Grade Level for Upcoming	g School Year	
Address		
City	State	Zip
Home Phone Number	Alternate	e Number
Number of Years You Hav	e Attended BHCS	
Grade-Point Average from	Most Recent Report C	Card
Household Income** **Please provide copies of W-2 forms		
application form and the required do office. All application materials must ANY APPLICATION FORMS REC	cumentation listed above, into a t be returned at the same time in CEIVED WITHOUT THE REQUBE DISCARDED. All completed	our essay, please place them, along with this sealed envelope to be turned in at the school one envelope. PLEASE BE AWARE THAT JIRED RECOMMENDATION LETTERS applications must be received in the financial the end of May.
Student Signature		Date
Parent Signature		Data

This scholarship will be contingent on adequate academic progress and acceptable behavior and attendance throughout out the school year. These items will be reviewed every nine weeks.		
Student Signature	Date	
Parent Signature	Date	