

New Endowed Scholarship Form

Scholarship Name(s): _____

Contributor(s) Name: _____ I wish to remain anonymous

Relationship to Bellin College: Alumni (class of ____) Employee Friend Other _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Scholarship Parameters:

To what program of study should the scholarship be distributed?

No Preference Nursing Radiologic Science Sonography Radiation Therapy Graduate Program

Should the student(s) receiving the scholarship express some form of financial need? Yes No preference

Should the student(s) receiving the scholarship demonstrate academic excellence? Yes No preference

Are there any additional restrictions to your scholarship? _____

As a memento for the annual gathering, or *Scholarship Salute* reception, we prepare a program which provides information about our scholarships. We are happy to include information you may want to provide. For example, but not limited to:

- Why you decided to fund student scholarships at Bellin College.
- If the scholarship is a memorial, or in honor of someone, why you chose to create it.
- Family background and/or volunteer activities.

Scholarship write-up to be included in the annual Scholarship Salute booklet (please try to keep under 250 characters):

Signature: _____ **Today's Date:** _____

Please submit this form to:

Bellin College Advancement & Alumni Relations

3201 Eaton Rd. • Green Bay • WI • 54311

Fax: (920) 433-1922 • Email: advancement@bellincollege.edu • Phone: (920) 433-6654

