



Saint Joseph's Catholic Academy Named Scholarship Form

www.stjoeacad.org

I/We would like to establish a Named Scholarship for: ____ 3 Years ____ 4 Years ____ 5 Years

I/We commit an annual contribution of:

____ \$500 ____ \$750 ____ \$1000 ____ \$2,000 ____ Other Amount:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____

What would you like to name the scholarship?

In the space below, please, tell us about the person(s) for whom the scholarship is to be created and the reason(s) why: (This information may be shared with interested individuals/organizations and posted on the school's website and social media.)

Return this form with your contribution to Mrs. Anna Rupprecht,
Saint Joseph's Catholic Academy, 901 Boalsburg Pike, Boalsburg, PA 16827