



Batesville Community Education Foundation

BCEF
BEYOND THE BASICS

P.O. Box 121 | Batesville, IN 47006
info@BatesvilleEducationFoundation.org
BatesvilleEducationFoundation.org

Andy Koors Legacy Fund Foreign Language Sponsorship
Program Application

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Parent #1 Name _____

Parent #1 Address _____

Parent #1 City, State, Zip _____

Parent #1 Email _____

Parent #1 Employer & Position _____

Parent #2 Name _____

Parent #2 Address _____

Parent #2 City, State, Zip _____

Parent #2 Email _____

Parent #2 Employer & Position _____

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Please check both boxes below to indicate acceptance:

I understand that, if selected, my photo and identifying info will be shared by BCEF in print media, on its website, and on social media, as well as other materials BCEF deems appropriate and hereby give my consent for such use. My specific financial information will not be shared.

I agree to provide BCEF with a written summary of my study abroad experience upon completion of the program, sharing with the foundation how its financial support has impacted me. These remarks may be shared by BCEF wherever it deems appropriate.

Signature _____