

Scholarship Application

Fill out all information except for the name of the scholarship, make copies, then put in the name of the scholarships.

Applicants may attach additional pages if needed.

Name of Scholarship:							
		_Address:					
City:	Zip:	Phone:					
Date of Birth:							
Father:	C	Occupation:					
Place of Employment:							
Mother:	Occupation:						
Place of Employment:							
Number of dependents in hou	sehold including yourself	Ages					
Number of dependents attend	ing college next school year? _						
Annual Income of Family:							
Under \$15,000	\$15,000 - \$20,000	\$20,000 - \$25,000	\$25,000 - \$30,000				
\$30,000 - \$35,000	\$35,000 - \$50,000	Over \$50,000					
Explain why you need this sch	olarship. Describe any special c	ircumstance indicating financial	need:				
College(s) you are planning to	attend. 1st choice:	2 nd ch	2 nd choice:				
•	?Or part-time?			_			
•	nding college?						
List academic awards and hor							
Liot doddornio dwardo drid rior	iore, concor omoce note, etc						
List extracurricular activities in	cluding athletics, hobbies and sp	pecial talents:					

List any community service or v	olunteer work o	luring high school:				
List job experiences, internship Company	s or summer ac	tivities:	Duties			
	<u>54.00</u>					
APPLICANT SIGNATURE Note: Applicant's and/or parent	DATE	be considered per		IGNATURE se the information be		ATE
TO BE FILLED IN BY BCS CO	OUNSELOR					
Class Rank: out of _		Weighted GPA_		Weighted C	CNA	
Class Rank: Due to the sa average would not accura of the graduating class ar	ately reflect a	student's accor				
Date of Graduation						
SAT Scores: Critical Reading	Math	Writing _				
ACT Scores: English	_ Math	Reading	Science	Composite	Writing	_
Attach an Official High School	Transcript? Yes	No				
(Revised 1/2011)						