

Palm Beach County Alumni Chapter of Bethune-Cookman University

Post Office Box 2591

West Palm Beach, Florida 33402

2011 SCHOLARSHIP APPLICATION

Please answer all the questions on this form. The information will be kept in the strictest confidence.

Please type or print.

PERSONAL INFORMATION

NAME _____

Last

First

MI

_____ Male _____ Female

Address _____

Street

City/State/Zip

Telephone _____ Date of Birth _____

Home

Cellular

Mother's Name _____ Father's Name _____

Mother's Occupation _____ Father's Occupation _____

Guardian _____ Guardian's Occupation _____

Total Number of Children in Family _____

Family Income (Check One)

Under \$20,000 _____

\$20,000-\$30,000 _____

\$30,000-\$40,000 _____

Above \$50,000 _____

SCHOLASTIC INFORMATION

Please have your school submit an official transcript (with the school seal) of your record to the Scholarship Committee or give to you in a sealed envelope.

High School _____ Date Transcript Requested _____

GPA _____ SAT SCORE V _____ M _____ ACT SCORE _____ Transcript Enclosed ___ YES ___ NO

Colleges Applied To: _____ Accepted (Yes or No)

What is your anticipated Major/Minor?

Major _____ Minor _____

REFERENCES

Please list and submit two (2) character references with your application by the deadline given.

Reference 1

Name Address City/State

Reference 2

Name Address City/State

CERTIFICATION

I certify that all information provided herein is true and to the best of my knowledge. I understand that my application will be disqualified if false or misleading information is provided.

Applicant's Signature

Date

Parent/Guardian Signature

Date