RENEWAL
FOUNDATION SCHOLARSHIP APPLICATION

(To be submitted **only** by Fall 2009 Recipients of the Foundation Scholarship)

BCC
BURLINGTON COUNTY COLLEGE

Please print in ink or type when completing the application.
All information will be kept confidential.

Please mark the semester for which you are applying:

❑ SPRING 2010 ❑ OTHER (Explain) _____

Name: _____
FIRST MIDDLE LAST

Student ID# _____ Date of Birth: _____

Mailing Address: _____
NUMBER AND STREET CITY STATE ZIP

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-Mail Address _____ Are you: ❑ Male ❑ Female

OPTIONAL [Note: For reporting purposes only, has no bearing on eligibility]

Race: ❑ African American ❑ Asian ❑ Hispanic ❑ Native American ❑ Caucasian ❑ Other _____

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Legally Separated ❑ Widowed
[Note: please check appropriate category or categories]

Are you a resident of Burlington County? ❑ Yes ❑ No Are you single head of household? ❑ Yes ❑ No

Have you previously earned an Associate level degree? ❑ Yes ❑ No

What course of study (major) do you plan to pursue? _____

When do you expect to graduate? _____

How many credit hours have you completed toward your degree/diploma? _____

What is your current cumulative grade point average? _____
[Note: All scholarship recipients must maintain a minimum GPA of 2.0 or higher]

What are your goals after graduation? _____

Will you be a full-time or part-time student during the semester? ❑ Full ❑ Part

Are you receiving other Financial Aid? ❑ Yes ❑ No

I hereby certify that all information on the above application is true and correct to the best of my knowledge.

_____ _____
SIGNATURE OF APPLICANT DATE

I hereby give permission to BCC for the use of information about my background, experiences and academic accomplishments for the awarding of a Foundation Scholarship.