

BETHUNE-COOKMAN UNIVERSITY

SCHOLARSHIP APPLICATION FORM

(Please print or type)

ACADEMIC YEAR 2009-2010

For the Academic Merit Award:

Return to: The Academic Affairs Office
Bethune-Cookman University
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, FL 32114-3099

For Other Scholarships (Institutional, Endowed & Performance):

Return to: Office of Student Financial Aid
Bethune-Cookman University
640 Dr. Mary McLeod Bethune Blvd.
Daytona Beach, FL 32114-3099

PLEASE COMPLETE APPLICATION AND SUBMIT (1) AT LEAST ONE LETTER OF RECOMMENDATION AND (2) A ONE PAGE ESSAY on why you chose your major and on the career goals you have set for yourself after finishing college. Essay **MUST** be typed on white bond paper with correct spelling and structure.

Name:		Date of Birth:	
Social Security No.:	Race (Optional):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Local address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Other Phone:	
Permanent Address:			
City:	State:	ZIP Code:	
Telephone:	Personal Email:		

Scholarship applying for? (Only one (1) scholarship per application)

Have you received a scholarship before? Yes No

If yes, name of scholarship: _____ Academic Year Awarded: _____

Have you completed the FAFSA application? Yes No *All scholarship recipients must complete the FAFSA Application go to: www.fafsa.ed.gov*

Have you been awarded other outside scholarships? Please note: scholarships and financial aid cannot exceed budget limits. Please list other aid or outside scholarships expected to receive below:

Scholarship Name	Organization	Amount
1.) _____	_____	\$ _____
2.) _____	_____	\$ _____
3.) _____	_____	\$ _____

CURRENT STUDENT INFORMATION ONLY:

Classification:	B-CU ID NO.	Major:
Current Cumulative GPA*:		Expected Graduation Date:

NEW STUDENT INFORMATION ONLY:

SAT Score: _____ ACT Score: _____ High School GPA*: _____

THIS APPLICATION IS INCOMPLETE WITHOUT A COPY OF YOUR FINAL HIGH SCHOOL TRANSCRIPT AND SAT OR ACT SCORE(S). *THE COLLEGE WILL VERIFY ALL GRADE POINT AVERAGES.

Signature of Applicant: _____ Date: _____

For Internal Use Only

Awarded:	_____		
Status of Award:	ACCEPT <input type="checkbox"/>	DENIED <input type="checkbox"/>	Amount Awarded: _____
Reason:	_____		Academic Year: _____ Renewable: <input type="checkbox"/> Yes <input type="checkbox"/> No