



Judith K. Burch Scholarship Application Form

(Please type or print)

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

E-Mail Address: _____

Social Security Number _____ Birth Date _____

Parent or legal guardian's name _____

Address _____ City _____ State _____ Zip _____

High School Name _____ Date of graduation _____

Cumulative Grade Point Average _____

Please list any extenuating circumstances that might affect financial need that we should know about. (Medical bills, recent death in the family, etc.)

Applicant is aware that recipients must attend Bethany College Yes No

What is your intended or declared major at Bethany College? _____

Signature

Date

- Please attach an official copy of your transcript with this application.
- Please attach a copy of your FAFSA.
- Please attach your resume to include your extracurricular activities and honors you have received.
- Please attach a written essay that states your reasons for attending Bethany College and lists your dreams for the future.