



SCHOLASHIP APPLICATION		
APPLICANT PERSONAL INFORMATION		
Last Name:	First Name:	Middle:
Date of birth:	Home Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email Address:		
HIGH SCHOOL ACADEMIC INFORMATION		
High School Name:		
High School address:		Graduation Date:
School Phone:	Final Cum. GPA (unweighted):	Member of Mt Bethel? Y or N
		How many years at Mount:
Ancillary Activities: (Work)	Sports:	Ministry Involvement:
COLLEGE / UNIVERSITY INFORMATION		
College to which you are accepted:		
Address:		Phone:
City:	State:	ZIP Code:
Full Time Studies : Y or N Field of Study:		
APPLICATION CHECKLIST		
<input type="checkbox"/> Non-Guardian Letter Of Recommendation / Reference		
<input type="checkbox"/> Official High School Transcript - Unopened		
<input type="checkbox"/> Signed and Completed Application	<input type="checkbox"/> College Acceptance Letter	
REFERENCES		
Name	Address	Phone
SIGNATURES		
I authorize the verification of the information provided on this form and attest to its truth and accuracy. I have retained a copy of this application.		
Signature of applicant:		Date:
Signature of parent or guardian:		Date: