

BEA SCHOLARSHIP APPLICATION

INFORMATION ABOUT APPLICANT:

Student's Name _____

Student's Mailing Address _____

City, State, Zip _____

INFORMATION ABOUT PARENT/BEA MEMBER:

Name of Parent who is a BEA member _____

Number of years Parent has been a BEA member _____

School where Parent is employed _____

INSTRUCTIONS FOR APPLICANT:

1. Provide answers to the attached questions. If you need more space, attach a separate sheet with answers numbered.
2. Enclose two (2) letters of recommendation.
3. Enclose High School transcript
4. Return completed application to BEA President or Counselors' Office by **April 1**.

EVALUATION OF APPLICATIONS:

Applications will be evaluated on student's academic performance; school and extracurricular activities; the sincerity, content, and conciseness of answers to questions; and the overall appearance and grammatical accuracy of the application.

FOR BEA USE ONLY

Application Number _____

Notes

