

Beacon of Light Scholars Program

Student Application

Name _____ /_____/_____
Last First MI Date of Birth Student ID#

Home Address _____ Apt. No _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____ Email Address _____

High School Graduate No Yes What Year _____ If No, GED No Yes What Year? _____

Sex: Male Female Veteran: NO Yes

Marital Status: Single Married Number of Dependents: _____

Citizen: Yes No If No, do you plan to become a US Citizen? Yes No

If No, please explain: _____

Would you like to receive information about services to student with disabilities? No Yes
Are you a Transfer Student?

Credit Hours Completed: _____ Current G.P.A.: _____ Hours Currently Enrolled: _____

Advisor's Name: _____

Have you applied for Financial Aid assistance? No Yes If No, Why not? _____

Do your parents claim you as an exemption on their tax return (1040)? No Yes

Has either of your parents/guardian earned a college degree? No Yes, If yes which parent: _____

Comments: _____

I affirm that the information I have provided is true and correct to the best of my knowledge. I also give permission for the Student Support Services program to receive and inquire about my transcript, grades, financial data recommendations, and evaluations in order to fulfill the requirements of the Student Support Services program.

Student Signature: _____ Date: _____