

Scholarship Application

Graduate Students

Name (Last, First, Middle Initial) _____

Current Address _____

City, State, Zip _____

Phone Number _____ E-mail _____

Date of Birth _____

United States Citizen Yes No

Bethel Resident Yes No

Street Address _____ Mailing Address _____

City, State, Zip _____ Phone Number _____

University/College/Business School _____

Address _____

City, State, Zip _____

Major/Course of Study _____

Overall GPA on a scale of

Are you interested in an internship? Yes No

Please indicate what type of organization you would prefer to intern with. Please list according to interest:

Corporation ____ Non-Profit _____ Other _____

I have checked all the forms for omissions and errors and I certify that the information provided is complete and accurate to the best of my knowledge. I understand that falsifying any information may result in the revocation of my application and any scholarship granted to me by BETHEL CHAMBER OF COMMERCE.

Applicant's Signature _____

Date _____