

# BEULAH HEIGHTS UNIVERSITY

Admissions Office • P. O. Box 18145, 892 Berne St SE • Atlanta, GA, 30316 • (404) 627-2681 x117 • FAX: (404) 627-0702 • www.beulah.edu

## Scholarship Application Form

DATE: \_\_\_\_\_ ACADEMIC SEMESTER/YEAR APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_  
First Middle Last

SPOUSE NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_  
If applicable First Middle Last

STUDENT EMAIL: \_\_\_\_\_  
Print clearly

SPOUSE EMAIL: \_\_\_\_\_  
Print clearly

HOME PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASS STATUS: FIRST SEMESTER ATTENDED: \_\_\_\_\_ GPA (LAST SEMESTER): \_\_\_\_\_ ACCUMULATIVE GPA: \_\_\_\_\_

### CHECK ONE OF THE FOLLOWING MAJOR/PROGRAM:

- |   |   |
|---|---|
| <input type="checkbox"/> Associate of Arts Religious Studies  | <input type="checkbox"/> Master of Arts Religious Studies                   |
| <input type="checkbox"/> Associate of Arts Leadership Studies | <input type="checkbox"/> Master of Arts Religious Studies                   |
| <input type="checkbox"/> Bachelor of Arts Religious Studies   | <input type="checkbox"/> Master of Divinity                                 |
| <input type="checkbox"/> Bachelor of Arts Leadership Studies  | <input type="checkbox"/> Master of Divinity Leadership Concentration        |
| <input type="checkbox"/> Bachelors of Business Administration | <input type="checkbox"/> Masters of Divinity Chaplaincy Concentration       |
| <input type="checkbox"/> Masters of Leadership                | <input type="checkbox"/> MBA <input type="checkbox"/> Doctorate of Ministry |

### CHECK ONE OF THE FOLLOWING:

- |  |  |
|--|--|
| <input type="checkbox"/> Staff Scholarship (Self)        | <input type="checkbox"/> General Scholarship (Graduate)      |
| <input type="checkbox"/> Staff Scholarship (Spouse)      | <input type="checkbox"/> General Scholarship (International) |
| <input type="checkbox"/> International Staff Scholarship | <input type="checkbox"/> Finish Strong                       |
| <input type="checkbox"/> General Scholarship (Undergrad) | <input type="checkbox"/> Book Scholarship                    |
| <input type="checkbox"/> Other: _____                    |  |

### CHECK ONE OF THE FOLLOWING:

- Your job will be responsible for paying  all or  part of your financial obligations.

COMPANY/MAILING ADDRESS/CONTACT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Your church will be responsible for paying  all or  part of your financial obligations.

CHURCH/MAILING ADDRESS/CONTACT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Reason for Scholarship: \_\_\_\_\_

GPA verification: Last Semester: \_\_\_\_\_ NOT APPROVED (Committee Representative): \_\_\_\_\_

Accumulative: \_\_\_\_\_ APPROVED (Committee Representative): \_\_\_\_\_

Signature (Acad. Rep): \_\_\_\_\_ Award Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: Semester \_\_\_\_\_ Amount Applied: \$ \_\_\_\_\_ Date: \_\_\_\_\_