

BEULAH HEIGHTS UNIVERSITY

Admissions Office • P. O. Box 18145, 892 Berne St SE • Atlanta, GA, 30316 • (404) 627-2681 x 107 • 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"/> DMin <input type="checkbox"/> Ph.D. |

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 |

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: _____