

BCMW COMMUNITY SERVICES, INC.
2024 Community Services Block Grant (CSBG) SCHOLARSHIP PROGRAM

APPLICATION FORM

PERSONAL DATA

Name _____ Telephone _____

Address _____ Town/Zip _____

County of Residence _____ SS# _____

FINANCIAL DATA

Household Size _____ (List all members including yourself)

Total Household Gross Income for the **past 30 days**

Wages _____

Social Security _____

Unemployment _____

SSI/AABD/GA _____

TANF _____

Other _____

TOTAL _____

If there are any unusual financial circumstances, please explain.

EDUCATION BACKGROUND

High School Attended _____

Attended from _____ to _____ Graduated ___ Yes ___ No

GED ___ Yes ___ No

Previous College Attended _____

Attended from _____ to _____ Graduated ___ Yes ___ No

Please circle academic Class for 2023-2024 academic year:

Freshman Sophomore Junior Senior

Most current cumulative grade point average at the end of the last semester or GED test score ___ 4.0 System ___ 5.0 System

College or Vocational school you plan to attend: _____

Date of Application _____ Accepted ___ Yes ___ No

Major _____

Do you plan to attend full time (12 or more credit hours)? ___ Yes ___ No

What other scholarships have you applied for?

Please list all scholarships you are receiving (including the monetary amount.)

CIVIC AFFAIRS, AWARDS, ACTIVITIES

List any school or community activities awards, organizations, clubs, offices, or honors you would like to bring to the attention of the scholarship committee.

CAREER GOALS

Please attach a 100-to-200-word statement concerning your career goals and the reason(s) you are interested in that profession.

I certify that the information I have provided is a complete and accurate disclosure of the requested information. I authorize BCMW to verify the information provided.

Applicant Signature

Date

