



Tuition Scholarship Application for Bucks County Community College

Eligibility: Students who are served by BCCC's Disability Services Office. Recipients will receive their award upon returning to BCCC in the fall semester.

Name: _____

Address: _____

E-mail Address: _____

Telephone: _____

Date of Birth: _____



School/Major: _____

Anticipated Graduation Date: _____

Cumulative GPA: _____



Are you receiving financial aid or other assistance for your tuition and fees at BCCC? Yes No

If yes, please list source(s) and amount(s): _____

Continue on back of sheet

Please state and describe your disability: _____

Why is this scholarship important to you? _____

What are your career goals? Why are you pursuing your current course of study?

(Use additional paper if needed and be sure to attach all pages to your application)



Special interests and hobbies: _____

Volunteer experience? _____

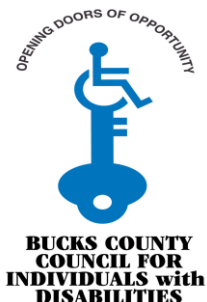
Are you interested in volunteering? _____

ACKNOWLEDGEMENT AND CONSENT

I understand that the information on this form may be used in submitting grant applications. I acknowledge and consent to the release of the information provided. I agree that the BCCID may distribute a press release that may include a photo announcing the name of the recipient of this scholarship.

Signature _____

Date _____



Please submit completed application by **July 31** to:

1246 Veterans Highway ~ Suite F14 PO Box 820 ~
Bristol, PA 19007

215-781-5070 ~ Fax 215-781-5080 ~ www.bccid.com

Good Access Is Good Business!