



# *The Mirca Liberti*

## *Tuition Scholarship Application*

### *for Bucks County Community College*

**Eligibility:** This scholarship is awarded to a current BCCC student majoring in a field of study that will work closely with disabled people. Recipient will receive his/her award upon returning to BCCC for the fall semester.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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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): \_\_\_\_\_

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*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? \_\_\_\_\_

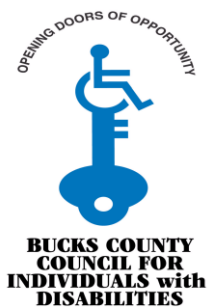
Are you interested in volunteering? \_\_\_\_\_

### 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](http://www.bccid.com)