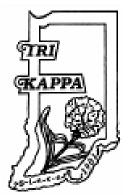


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SCHOLARSHIP APPLICATION 2024

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Please type your answers. Use a additional piece of paper if necessary				
1.	Last Name:	First Name, Middle Initial:		
2.	Mailing Address Street: City: State:	Zip:		
3.	Daytime telephone number: () Email address:			
4.	Date of birth: Month Day	Year		
5.	High School:	Class Rank: of		
6.	 A. List any academic honors, awards and mer B. List your extracurricular activities and volt C. Employment: 			



	A. If decided, name of Post-Secondary School:
7.	Enrollment Date:
	Address:
	Anticipated Field of Study:
	B. If un-decided, list your top three (3) college choices:
	Annual Cost:
8.	Tuition:
	Room & Board:
	Textbooks:
	How I plan to meet the cost of the school:
	Please list any other scholarships applied for and any awarded:
	Career Statement Goal:
9.	
	Parents Names and Highest Education Attainment:
10.	Other family member(s) in College:



11.	Attach Three (3) letters of recommendation
12.	Attach Transcript

Signature of scholarship applicant:	Date:	
Signature of Senoral Sing approxim	2	

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to the Beta Mu Tri Kappa Scholarship Program.

Name of Guidance Counselor:		
High School:		
Contact information (phone):		
Contact information (email):		-
Signature of Guidance Counselor:	Date:	

Due to the guidance office by 3pm, March 8th, 2024.

Checklist:	
Application	
Three letters of recommendation	
Transcript	
Guidance Counselor signature	