

Beatrice Mays Scholarship Fund Application

Name: _____ Date: _____

Address: _____

Home phone # _____ Cell# _____

DOB: _____ Age: _____ Sex: _____

Name of College /University: _____

School Address: _____

Course of Study: _____

Grade Point Average: _____ Years in School: _____

In 100 words or less state your background, school interests, your objectives of educational pursuits, career plans, financial needs, leadership positions, and why you deserved this scholarship.

What percentage of funds for college this year will come from:

Parents: _____

Student income: _____ Loans: _____ Grants: _____ Other: _____

Father's Occupation: _____ Mother's Occupation: _____

Number of parents' dependents: _____ Number of dependents currently in college: _____

Are you a dependent? Yes__ No__

List source and amount of income earned by student during past school year:

Applicants Signature: _____ Date: _____

Parents Signature: _____ Date: _____

An official copy of your transcript confirming GPA must be mailed (in a sealed envelope from the college or university) along with the application in order to be eligible. Your application will not be considered without the inclusion of your official transcript.

Application must be postmarked or emailed by August 31st

Call (609) 992-3543 or e-mail: bmays96@gmail.com for additional information. Mail completed application and documents to:

Brianna Mays

Beatrice Mays Scholarship Fund

1301 Washington Ave

Egg Harbor City, NJ 08215