



Summer for Success Program
 July 9-28, 2017
 Scholarship Application

APPLICANT

The Summer for Success program awards a limited number of partial scholarships based on a family’s demonstrated financial need and the availability of funds. Awards can vary greatly depending on the student’s individual circumstances.

As the scholarship awarding process is competitive, we strongly encourage you to *submit your scholarship application at the same time as you submit your admissions application*. While we will review all applications, we cannot guarantee all eligible applicants will receive a scholarship. For priority consideration, students must submit a completed Summer for Success application and scholarship application **no later than June 1, 2017**.

In addition to seeking funds from Beacon College, we suggest you begin discussions now with your guidance counselor and others in your community about possible sources of additional financial assistance.

Student’s name: _____
First Middle Initial Last Suffix

PARENT OR GUARDIAN

In order for us to evaluate your student’s financial need, we ask that you complete this application in its entirety. Every piece of information is important in our determination of need. We cannot consider applications with incomplete or unexplained items.

CHECK EACH BOX THAT APPLIES TO THE APPLICANT’S FAMILY SITUATION

- Parents married Father deceased Parents separated*
- Single-parent household Mother deceased Parents divorced* Other: _____

Parent/Guardian I: _____ Parent/Guardian II: _____
Name (include middle initial) (if deceased give date) Name (include middle initial) (if deceased give date)

Address

Address

Home and/or cell phone numbers (include area/country code)

Home and/or cell phone numbers (include area/country code)

Occupation and Business phone and fax numbers (if available)

Occupation and Business phone and fax numbers (if available)

E-Mail

E-Mail

EXPLANATIONS/SPECIAL CIRCUMSTANCES

Please attach a separate financial statement (one-page, typed) to explain your need for financial assistance. Include special circumstances, unusual expenses, or significant information that you feel is important for the Scholarship Committee to know as they consider your scholarship eligibility.

Parent’s Signature: _____

Date: _____

Please return this form with your financial statement to the office:

Beacon College, Financial Aid Office
 105 East Main Street, Leesburg, FL 34748
 Fax: 800-360-1974 E-Mail: financialaid@beaconcollege.edu
www.beaconcollege.edu