

## Summer Program Scholarship Application

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The Beacon College Summer Program for high school students and recent graduates 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 application for admission. 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 Program application and scholarship application no later than February 1.** Note, scholarships will continue to be reviewed and offered after the February 1st priority consideration deadline.

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.

**Applicant:**

\_\_\_\_\_

First (Legal)    Middle    Last/Maiden    Suffix

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**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:**

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Parents married         | <input type="checkbox"/> Father deceased | <input type="checkbox"/> Parents separated | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Single-parent household | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Parents divorced  |                                       |

\_\_\_\_\_

Guardian 1 Name (include middle initial)

\_\_\_\_\_

Guardian 2 Name (include middle initial)

\_\_\_\_\_

Permanent Street Address

\_\_\_\_\_

Permanent Street Address

\_\_\_\_\_

City    State    Zipcode

\_\_\_\_\_

City    State    Zipcode

(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Home Phone    Cell Phone

(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_                          (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Home Phone    Cell Phone

\_\_\_\_\_

Occupation    Business Phone

\_\_\_\_\_

Occupation    Business Phone

\_\_\_\_\_

Email Address

\_\_\_\_\_

Email Address

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## **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.

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Signature of Applicant's Guardian

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Date

**Please return this completed form with your financial statement to the Beacon College Admissions Office:**

Beacon College  
105 East Main Street  
Leesburg, Florida 34748  
**[www.beaconcollege.edu/summer](http://www.beaconcollege.edu/summer)**  
**[summerprogram@beaconcollege.edu](mailto:summerprogram@beaconcollege.edu)**