



SCHOLARSHIP PARTICIPATION AGREEMENT

Name of scholarship you are applying for: _____

Student's full name: _____

Mailing Address: _____

Student's Cell Phone: (_____) _____

Student's Email: _____ @ _____

- Major field of study:
- Anthrozoology
 - Business Management
 - Management Track
 - Hospitality Track
 - Computer Information Systems
 - Web & Digital Media Track
 - Information Systems Track
 - Human Services
 - Humanities
 - Psychology
 - Studio Arts
 - Undecided/Undeclared

I hereby certify that I am registering to attend classes at Beacon College during the current academic semester.

I understand that violation(s) of the Beacon College Code of Conduct may result in loss of scholarship funds. In the event that I will not be able to attend the current semester, I am obligated to return these funds to Beacon College to credit the donor's scholarship account. By signing this agreement, I also authorize Beacon College to use profile information along with academic progress for marketing and/or reporting purposes.

Student's Signature: _____ Date: _____