

# Renewal Scholarship Application Form

## Applicant Information:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

## University/College/Community College Information:

List the name and address of university, colleges or community college to which you are attending.

Name \_\_\_\_\_

Address: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Years Attended \_\_\_\_\_

I acknowledge the information in this application is correct to the best of my knowledge. I hereby grant permission to the Bedford Community Foundation to seek verification of any information provided in this application from any source for review by the officers and directors of the Foundation for use in selection of scholarship recipients.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**College and Community Activities:** Using on the space below, please list extracurricular, community and religious activities you are participating in. **Please list in the order of importance to you.**

Activity	Years	Leadership Positions, Awards

**Work History:**

Employer	Position	Dates of Employment	Hours per Week

**To complete your application you must include the following:**

1. A short essay outlining how the scholarship will be used and how it will help achieve your educational goals and objectives. Also, your current grades.
2. Deliver all documents and this application, post marked on or before April 7, 2017 to:

Bedford Community Foundation  
 PO Box 54  
 Lambertville, MI 48144

Attn: Scholarships