

# **“A Beacon of Light Scholars Program”**

## **Student Application**

**OFFICE USE ONLY**

VERIFIED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_  
VERIFIED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth

\_\_\_\_\_

Student ID#

\_\_\_\_\_

Home Address

\_\_\_\_\_

Apt. No

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Home Phone Number

\_\_\_\_\_

Cell Phone Number

\_\_\_\_\_

Email Address

High School Graduate  No  Yes What Year \_\_\_\_\_ If No, GED  No  Yes What Year? \_\_\_\_\_

Sex:  Male  Female Veteran:  NO  Yes

Marital Status:  Single  Married Number of Dependents: \_\_\_\_\_

Citizen:  Yes  No If No, do you plan to become a US Citizen?  Yes  No

If No, please explain: \_\_\_\_\_

Would you like to receive information about services with student with disabilities?  No  Yes

Are you a Transfer Student?  No  Yes

Credit Hours Completed: \_\_\_\_\_ Current G.P.A: \_\_\_\_\_ Hours Currently Enrolled: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Have you applied for Financial Aid assistance?  No  Yes If No, Why not? \_\_\_\_\_

Do your parents claim you as an exemption on their tax return (1040)?  No  Yes

Has either of your parents/guardian earned a college degree?  No  Yes, If yes which parent: \_\_\_\_\_

Comments: \_\_\_\_\_

I affirm that the information I have provided is true and correct to the beat of my knowledge. I also give permission for the Student Support Services program to receive and inquire about my transcript, grades, financial data recommendations, and evaluations in order to fulfill the requirements of the Student Support Services program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_