



# Bee-Lieve Educational Foundation

## SCHOLARSHIP APPLICATION

### Application information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt/Unit #*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip Code*

Are you a citizen of the United States? Yes  No

If no, are you authorized to work in the U.S.? Yes  No

Have you ever been convicted of a felony? Yes  No  If yes, when? Explanation: \_\_\_\_\_

### EDUCATION

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Volunteer Experience

Company:	_____	Phone:	_____
Address:	_____	Contact:	_____
Role:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Career Objectives:	_____	Hobbies / Interests:	_____
Education Objectives:	_____	Skills:	_____
Social Media Accounts:	_____	Affiliations:	_____

## References

Please provide a reference to comply with this scholarship opportunity if awarded:

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Essay:

Please share the reason this Scholarship is important to you. Explain makes you qualified, including your goals and intentions with this opportunity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and signature

If this application leads to scholarship, I understand any false or misleading information in my application or interview will result in release from program. I agree to the terms of responsibility for volunteer hours. I certify that my answers are true and complete to the best of my knowledge.

Signature:	_____	Date:	_____
------------	-------	-------	-------

