

## Temple Beth Sholom Brotherhood College Book Scholarship Application

<b>SECTION 1- APPLICANT INFORMATION</b>	
Name (Last, First, Middle)	
Permanent Address	
City / State / ZIP	
Telephone Number	
Date of Birth	
Name of Parents	
<b>SECTION 2- HIGH SCHOOL INFORMATION</b>	
School Name	
Graduation Date	
<b>SECTION 3- POST SECONDARY SCHOOL INFORMATION</b>	
Name of the School You Attend or Plan to Attend (if unknown, please name your 1 <sup>st</sup> preference)	
City / State	
Subject Areas Planning to Pursue	
Will Be Attending (Check One)	
<input type="checkbox"/>	Graduate School
<input type="checkbox"/>	4-year College
<input type="checkbox"/>	Community/Junior College to earn an associate's degree
	Community/Junior College, transferring to a 4-year college
	Vocational/technical institution
Enrollment Status: (Check One)	
<input type="checkbox"/>	Accepted
<input type="checkbox"/>	Pending
<input type="checkbox"/>	Enrolled
Anticipated Graduation Date	
Credit Load (Check One)	
<input type="checkbox"/>	Full-time
<input type="checkbox"/>	Part-time
<b>SECTION 5- STUDENT AFFIDAVIT</b>	
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge.	
Applicant's Signature	
Date	