



**SCHOLARSHIP APPLICATION
MASTER OF EDUCATION DEGREE
IN ELEMENTARY EDUCATION
Blue Mountain College
Blue Mountain, MS 38610**

PERSONAL INFORMATION

Name of Applicant _____ Social Security Number _____
Last First MI

Current Address _____
Street or P. O. Box City State Zip Code

Phone Number _____ E-Mail Address _____

County in which you live _____ Date of Birth _____
Month Day Year

Church Preference (Give denomination) _____ Are you a member? _____

Name of Church _____

ACADEMIC INFORMATION

Name of Last College Attended _____ City _____ State _____

Last Date Attended _____ Cumulative GPA _____ Degree Earned _____

Have you ever been enrolled in Blue Mountain College before? Yes No When? _____

FINANCIAL INFORMATION

Total Household Income _____ Estimated educational expenses for summer session _____

List household residents and ages (include yourself and any adults/children who are the responsibility of the head of household)

How many household residents (including yourself) are currently enrolled in college? _____

Do you plan to work while attending graduate classes? Yes No

If yes, list position and place of employment _____

SERVICE INFORMATION
PROFESSIONAL ACTIVITIES

HONORS RECEIVED/LEADERSHIP POSITIONS HELD

ESSAY

Applicant(s) should write and attach a short essay (1 or 2 pages) explaining how she will benefit from funds made available through the Graduate Studies Scholarship. The essay should address financial needs, merit (intellectual capacity to learn and profit from advanced education), and Christian values. The essay should be typed and grammatically correct.

REFERENCES

When appropriate, the Scholarship Selection Committee may contact references listed on Application for Admission.

Blue Mountain College has been founded on the principle of Christian integrity. Your signature on this application indicates your desire to attend Blue Mountain College, and your willingness to uphold the principles and policies of the College as well as those applicable to any scholarship which you may receive. Your signature also acknowledges your understanding and agreement that the information provided may be used by the Scholarship Selection Committee in the application process and may be released to applicable donors, where appropriate.

SIGNATURE _____ DATE _____

Submit application by May 1 to: Office of Graduate and Continuing Education, Blue Mountain College, P. O. Box 160, PMB 186, Blue Mountain, MS 38610; 662.685.4771, Ext. 238; FAX: 662.685.4771, Ext. 237; Email graduate@bmc.edu