



## **BREWTON-PARKER COLLEGE EMPLOYEE SCHOLARSHIP APPLICATION**

### **Read Policy 3.1.10 prior to completing this form**

- ◆ **This application must be completed for each semester of attendance.**
- ◆ **Approved applications must be submitted to the Financial Aid Office.**
- ◆ **Applicant must apply for any federal or state aid that he/she may be eligible for.**

*Student Name* \_\_\_\_\_ *SS#* \_\_\_\_\_

*Address* \_\_\_\_\_

*Employee Name* \_\_\_\_\_ *Position* \_\_\_\_\_

*Address* \_\_\_\_\_

*Degree Working Toward* \_\_\_\_\_

*Anticipated Completion Date* \_\_\_\_\_

Planned number of hours \_\_\_\_\_ Semester (circle one) Fall Spring Summer

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

\_\_\_\_\_  
Employee Signature                      Date

*I certify that the above named student is a full time employee of Brewton-Parker College, or in the immediate family of a full time employee of Brewton-Parker College.*

Date \_\_\_\_\_ Employee Supervisor \_\_\_\_\_