



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 _____