

PECO Scholarship Application

Scholarship Amount: minimum \$100

Name: _____ Student #: _____

Address: _____ Phone #: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Cumulative GPA: _____

Major/Program: _____ Current Enrollment Status: _____

The scholarship is open to all students who, at the time of application, meet the following requirements:

- **Must** be enrolled part time (minimum of six credits) in an associate degree program (transfer, occupational, or certificate) in BCCC's Department of MaST.
- **Must** possess a minimum cumulative grade point average of 3.0.
- **Must** intend to return to BCCC and enroll in a minimum of six credits in an associate degree program in BCCC's Department of MaST.
- **Must** submit one letter of recommendation from an employer, or BCCC faculty/staff member outlining why s/he should receive this scholarship.
- **Must** submit a brief essay on future educational and/or career goals.

I meet all of the scholarship criteria and have enclosed the required information with my application.

Name: _____ Date: _____

Signature: _____

Please return your completed application to:

Bucks County Community College
c/o Department of MaST
275 Swamp Road
Newtown, PA 18940

APPLICATION DEADLINE: April 1