Frances A. Carson Scholarship

Criteria

- Must be a current student at BCCC and be returning for the next academic year.
- Must be a resident of New Hope or Solebury.
- Must have a cumulative GPA of 2.5 or higher.
- Must be enrolled in six or more credits per semester.

One scholarship of $250 will be given out for the next academic year. Interested students may pick up an application in the Financial Aid Office.

All applicants will receive notification of their application status.

Completed applications must be submitted to the Financial Aid Office no later than April 1.
FRANCES A. CARSON SCHOLARSHIP APPLICATION

The purpose of this scholarship is to provide a scholarship for a worthy and deserving student at Bucks County Community College. Students must be a resident of New Hope or Solebury with a cumulative GPA of at least 2.5.

Name:_______________________________________________________________
Address:_________________________________________  Student #:____________________________
__________________________________________________  Phone #:_______________________________
__________________________________________________  Major:_________________________________

Cumulative GPA:_______________________ Total Credits at BCCC:___________________

Will you be returning to BCCC for the next academic year?______________________

On a separate paper, please type a brief explanation of the following:

- Your career objectives and educational goals
- A profile about yourself
- Tell us why you have applied for this particular scholarship and how will it assist you

Application Certification

1. I am a full-time or part-time (six credits minimum) student.
2. Any funds received will be used solely for the purpose of paying educational related expenses.
3. The Financial Aid Office will be notified immediately should there be any change to my plans of study. I understand that the Financial Aid Office reserves the right to review these changes and to withdraw or adjust the award if determined necessary.

Name:_________________________________________________________

Signature:________________________________________________ Date:____________________

Please return this completed application to:

Bucks County Community College
Kristal Karl
Financial Aid Office
275 Swamp Road
Newtown, PA 18940