Ruth H. Goldsmith Scholarship Application

Scholarship Amount: minimum $1,000

Name: ________________________________ Student #: ____________________
Address: ______________________________ Phone #: ____________________
City: ________________________________ State: ______ ZIP: _____________
Current Grade Point Average: __________ Major: ______________________
Current Enrollment Status (# of credits): ______ Total Credits Completed: ______

Scholarship Criteria:
the time of application, students must meet the following requirements:

- **Must** be enrolled in a minimum of 3 credits (part-time status)
- **Must** be a Bucks County resident
- **Must** be a first-year or returning student. Returning students **must** have a minimum 2.0 GPA.

Indicate class or classes planned for next semester: ______________________________ 
________________________________________________________________________

Verify blindness or low-vision: Provide the signature of a qualified professional (not a family member or friend) who can verify your vision loss.

I certify that the above named student is legally blind or has low-vision that interferes with ability to function in some way.

Signature:__________________________ Profession:__________________________
Telephone #:__________________________ Date:__________________________

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

Name: ________________________________ Date: __________________
Signature: ________________________________

Please return this application to:
Bucks County Community College
c/o disABILITY Services
275 Swamp Road
Newtown, PA 18940

Application Deadline: April 1