

Long Island Business Education Council



SCHOLARSHIP APPLICATION

Date _____

PLEASE TYPE OR PRINT CLEARLY

Last Name _____ First _____

Address _____ City _____

State _____ Zip _____

Telephone Number _____ Age _____

Name of High School _____

Address _____ City _____

State _____ Zip _____

Guidance Counselor _____

Business Teacher Reference _____

Business Department Chair or Lead Teacher _____

What is your intended major? _____

Name of school or college you plan to attend _____

Address _____ City _____

State _____ Zip _____

Accepted? Yes _____ No _____ Date of Official Acceptance _____

OVER

FOR THE FOLLOWING SECTIONS, YOU MAY ALTERNATIVELY USE AN ATTACHMENT.

Extra-curricular activities including special recognition and/or offices held in these activities:

Honors or awards in or out of school:

Activities and/or community service outside of school:

Describe any work experience you have had:

Signature of Applicant

Signature of Parent/Guardian

Must be postmarked no later than May 2, 2008