



The Mirca Liberti Tuition Scholarship Application for Bucks County Community College

Name: _____

Address: _____

E-mail Address: _____

Telephone: _____

Date of Birth: _____



School/Major: _____

Anticipated Graduation Date: _____

Cumulative GPA: _____ GPA/Major: _____



Present sources and amounts of financial aid are:

Financial Aid/BCCC/Other: _____

Parents: _____ Self: _____

Continue on back of sheet

Please state and describe your disability: _____

Why is this scholarship important to you? _____

What are your career goals? Why are you pursuing your current course of study?

(Use additional paper if needed and be sure to attach all pages to your application)



Special interests and hobbies: _____

Volunteer experience? _____

Are you interested in volunteering? _____

ACKNOWLEDGEMENT AND CONSENT

I understand that the information on this form may be used in submitting grant applications. I acknowledge and consent to the release of the information provided. I agree that the BCCID may distribute a press release that may include a photo announcing the name of the recipient of this scholarship.

Signature

Date



Please submit completed application by **July 31** to:
One Oxford Valley ~ Suite 318 ~ Langhorne, PA 19047
215-752-7101 ~ Fax 215-752-7125 ~ www.bccid.com

Good Access Is Good Business!