



# Bethesda University

730 North Euclid Street, Anaheim, California 92801 Tel: (714)683-1212, Fax: (714)683-1205

## Scholarship Application

### For New Student

#### 1. Student Information

Student Name		Student ID	
Email		Phone Number	
Major Field		Semester	Spring____, Fall____20____
If applicable, Position in the Church or Department			
If applicable, Name of Sponsoring Church			
If applicable, Student's Spouse or Family			

#### 2. Selection of the Scholarship (Please check what you want to apply)

Religious Worker Scholarship		The Regents Scholarship	
Sibling/ Family Member Scholarship		Bethesda Undergraduate Alumni Scholarship	
Athletic Scholarship		Others	

I declare that the foregoing is true and I apply for Scholarship as above.

Date: \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_

<i>For BU Scholarship Committee Use only</i>					
Amount of Scholarship: \$				Date:	
Approve	Department Chair	Dean of Students	CAO	CFO	President