

**BDPA CHICAGO -- SCHOLARSHIP REQUEST FORM**

***STUDENT INFORMATION***

STUDENT NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

CURRENT GRADE:

FRESHMAN

SOPHMORE

JUNIOR

SENIOR

GPA \_\_\_\_\_

COLLEGE MAJOR \_\_\_\_\_

***COLLEGE INFORMATION***

COLLEGE OR UNIVERSITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADVISOR NAME \_\_\_\_\_

ADVISOR TELEPHONE NUMBER \_\_\_\_\_

ADVISOR EMAIL ADDRESS \_\_\_\_\_

***REQUEST FUNDS***

SCHOLARSHIP AMOUNT REQUESTED \$ \_\_\_\_\_

(\$1,000 MAXIMUM)