**PRINT THIS PAGE, COMPLETE AND GIVE TO YOUR GUIDANCE COUNSELOR**

*along with your 2 letters of recommendation & SAT/ACT scores*



**Bethel Education Foundation Scholarship**

PO Box 92, Bethel, CT 06801 | www.betheledfoundation.org | betheledfoundation@yahoo.com

The separate application form must be submitted by email as a Word Document to betheledfoundation@yahoo.com no later than April 1st.

*Applications undergo a blind-review by our Scholarship Committee (names and addresses are blotted out).*

|  |  |
| --- | --- |
| **Name of Applicant**:       | Date Application emailed to BEF:       |
| **Guidance Counselor’s Name:**       | Class of:       |
| **High School:**       |  |

**SIGNATURES:**

**STUDENT:**

By typing your information below, you certify that the information contained in this application is true and correct to the best of your knowledge.

Student signature: Date:

**PARENT/GUARDIAN:**

I give permission to BEF to use name/photo of winner in BEF publications including but not limited to the newsletter, Facebook page and website, should this apply.

Parent/Guardian signature: Date:

*Winners’ names will be announced at the Senior Awards Ceremony. A check will be paid directly to the accredited institution in which the student is enrolled. Scholarship funds will not be paid directly, nor reimbursed, to an award recipient.*

**GUIDANCE COUNSELOR:**

Please attach a copy of the student’s official transcript.

School Counselor signature: Date: