



Bethesda University

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

Scholarship Application

1. Student Information

		Semester	Spring____, Fall____20____
Student Name		Student ID	
Email		Major Field	
Total GPA		Total Earned Unit	
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		Donation Scholarship	
Sibling/ Family Member Scholarship		Bethesda Undergraduate Alumni Scholarship	
Encouragement Scholarship (Financial condition description required)		Athletic Scholarship	
Others			

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

Date: _____

Applicant's Signature : _____

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