



Craig Nelson Memorial Scholarship

Date of application _____ Semester: Fall _____ Spring _____

Name _____ SS# _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Marital Status (optional) _____ Spouse's Name (optional) _____

Child (ren)'s names (s) & age (s) _____

Place of Employment _____ Hours worked per week _____

High School attended _____ High School Graduation Date _____

College Hours completed (including other colleges) _____ College Major _____

College cumulative GPA (including other colleges) _____

Other colleges or universities attended and dates attended _____

Are you currently enrolled at BPC? _____ Program of study _____

When do you plan to complete your program at BPC? _____

List any other type(s) of financial aid or scholarships you are receiving _____

Student must not be receiving any other type of financial assistance to apply for this scholarship

The following documents must be attached with this application:

1. A letter requesting the scholarship. This letter must explain the circumstances surrounding the request for this scholarship.
2. Students who have attended any other college/university must submit a transcript from each school.

To my knowledge, all of the above information is true as indicated. If selected to receive the Foundation Scholarship, I agree to abide by the terms and conditions of the scholarship.

Applicant's Signature _____ Date _____

Application, letter, and other required documents should be submitted to the Foundation Office on campus, Building A, Room 203 or mailed to the following address:

BPC Foundation, Inc.
 Attn: Chris LeGrand, Director
 6220 East Texas St, Bldg A, Room 203
 Bossier City, LA 71111
 Phone: (318) 678-6185
 Fax#: (318) 678-6417