Baptist Health College Little Rock 2022-2023 Foundation Scholarship Application

Completed applications must be submitted to the BHCLR Financial Aid Office by

May 31, 2022 by	4:00pm NO EXCE	PITON2:		
NOTICE TO APPLICANTS				
Award amounts are subject to availability of funds and contingent upon recipients being in good standing with BHCLR.				
The program is competitive and students must submit ALL information requested below. Incomplete applications will				
not be considered. As a scholarship recipient, you will be expected to send a thank you note to the donor of your				
scholarship via the Baptist Health College Financial Aid Office.				
PERSONAL INFORMATION (PLEASE PRI	NT LEGIBLY)			
Last Name	First		MI	
Address BHCLR Student ID		•		
City	State	ZIP	Grade level for upcoming semester	
County		Hometown County		
High School Graduated From				
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PROGRAM ENROLLED				
Applicants must be enrolled for the Fall 2022 Semester. GEN. ED/Re Entry STUDENTS ARE NOT ALLOWED TO				
APPLY.				
FAFSA				
NOTE: All scholarship applicants must complete and send a (2022-2023) FAFSA to BHCLR by June 15, 2018 to be				
considered for an endowed scholarship. FAFSA may be completed at www.fafsa.ed.gov. If you have already				
completed a FAFSA, make sure it has been sent to BHCLR by adding our school code, 031052.				
ADDITIONAL REQUIREMENTS				
1. Please list all honors or awards you have received and/or any volunteer or community involvement				
in which you have participated <u>in the last 3 years</u> . Feel free to attach an additional sheet if needed.				
Name and Bassistian		D-4		
Name and Description:		Dates:		
2. Please see Page 2 for Essay Instruc	ions			
2. Flease see Page 2 for Essay Histruc				
DISCLAIMER				
I hereby give the BHCLR Scholarship Committee, and those acting on its behalf, permission to examine my				
transcripts, discuss my application with appropriate BHCLR staff and review my financial records held by the BHCLR				
Financial Aid Office should this be pertinent to my scholarship application.				
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			records held by the BHCLR	
I understand that if I receive a scholarship r	to my scholarship applicati	on.	·	
I understand that if I receive a scholarship r Foundation and BHCLR and may be used as	to my scholarship applications of the my name will be released to	on.	·	

Date

Signature

2. Answer the following essay questions. Please enter your responses in the space provided. Type or print legibly.
A. How does BHCLR, as you know it now, satisfy your desire for a particular kind of learning, community, and future?
B. What motivates you, and why?
C. Describe how you have demonstrated leadership ability both in and out of school.
D. Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.