BLUEFIELD STATE COLLEGE

KIDZ KOLLEGE 2018 SCHOLARSHIP APPLICATION

Please fill out the scholarship application and submit to:

Dr. Jo-Ann Robinson, Vice President
Student Affairs and Enrollment Management
Bluefield State College
219 Rock Street
Bluefield, West Virginia

Scholarship Participant:

First _____Middle _____ Last _____ Male __ Female___

Street_____

City _____ State _____ Zip code _____Child's Home Phone_____

School Name _____ Grade _____ Birth date _____/_____/_____

Please indicate your reason for requesting a scholarship.

Parent/Guardian Signature:_____ Date:_____

Printed Name of Parent/Guardian:_____