

Bryant & Stratton College

MATCHING TUITION SCHOLARSHIPS

Application

Student Information

Name _____

Street Address	City & State	Zip Code
Telephone	County	
High School	Year of Graduation	

Source of Scholarship

Name of Company/Organization _____

Contact Person _____

Street Address	City & State	Zip Code
Telephone	County	
Amount of Scholarship	Duration of Scholarship	

Student Signature _____

Date _____

Office use only

Scholarship Committee Approved _____ Not approved _____

Comments: _____

Signature: _____ Date: _____

_____ Date: _____