



The Bethlehem Association Scholarship Fund

P.O. Box 1111

Media, PA 19063 USA

www.bethlehemassoc.org

E-mail: Betsoc@comcast.net

APPLICATION FOR TUITION AID

Please read carefully the enclosed "Guidelines for Tuition Aid" before completing this application. Incomplete applications will not be considered.

This application is for the academic year: 2007- 2008

Deadline for receiving this application: April 30, 2007

I. General Information

Name: _____

Last

First

Middle

Name in Arabic

Present address: _____

Street or Locality

P.O. Box

Town

State/Country

Telephone

Date of Birth: _____ Place of Birth: _____

Place of origin in Palestine: _____ Citizenship: _____

II. Academic Information

Department: _____ Undergraduate Graduate

Name and phone no. of department head _____

Year in school: _____ Credit Units completed: _____ GPA (Average): _____

Degree pursued: _____ Expected graduation date _____

High School(s) attended, give dates: _____

Ultimate academic goals and objectives: _____

III. Personal Information

Marital Status: _____ Number of Children: _____

Number of brothers/sisters living at home: _____

Number of brothers/sisters in school: _____ in college: _____ working: _____

Other (specify): _____

IV. Financial Status

Father's (guardian's) name: _____ Age: _____

Mother's maiden name _____ Age: _____

Is father employed? _____ His profession: _____

Is mother employed? _____ Her profession: _____

Family's source of income: _____

Family's monthly income (in US dollars): \$ _____

Family's monthly expenses (in US dollars): \$ _____

Estimated expenses for academic year, Tuition: \$ _____, Books: \$ _____, Other: \$ _____

Available funds from family, savings, and all other sources : \$ _____

University financial aid or tuition waiver: \$ _____

List other organizations to whom you have applied for financial aid (Answering this question does not affect your chances of receiving help from BA): _____

Special circumstances that may affect your financial situation: _____

Signature

Date

VI. Mailing Applications

Please air mail your completed and signed application, along with all required documents, before the specified deadline to BA's Media address:

**The Bethlehem Association
Scholarship Fund
P.O. Box 1111
Media, PA 19063 USA**

The Bethlehem Association is a non-political, non-profit, tax-exempt, charitable and cultural institution.



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RECOMMENDATION FORM

To be completed by the student:

Student's name: _____ University: _____
 Field of study/major: _____ GPA (Average): _____
 Expected date of graduation: _____ Degree: _____

To be completed by the person making the recommendation:

The student named above is applying for tuition aid from The Bethlehem Association (BA). Please complete this form and mail it directly to BA at the above address. All information will be kept confidential. The student's application will not be considered until we receive this completed recommendation. (The Deadline is May 15). Thank You.

- Your name: _____ Title: _____
- How long have you known this student? _____
- In what capacity? _____
- How do you rank this student in comparison to others in his/her class?
 Top 5% _____ Top 10% _____ Top 25% _____ Average _____ Below Average _____

Please complete the following by checking the appropriate column:

	Excellent	V. Good	Good	Average	Below Average	N/A
Academic Achievement						
Communication: Oral						
Communication: Written						
Critical Thinking & Analysis						
Motivation						
Responsibility						
Initiative						

Comments: _____

Other information that might help us evaluate this student's request for tuition aid: _____

Do you recommend this student for tuition aid? _____

Signature: _____ Date: _____