

Broadway @ Barton

Scholarship Application

Please print or type.

Name _____ Social Security No. _____

Parent/Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Date of Birth _____

Circle: Male / Female Grade _____ School _____

Do you participate in any federal or state assistance programs (WIC, Free and Reduced School Lunch Program, etc.)? If so, please list:

What is your family adjusted gross income from IRS Form 1040-line 31, Form 1040A-line 16, or Form 1040EZ-line 4 from the year 2013?

Please give any additional information that would assist the scholarship committee in determining financial need.

I certify that the information provided herein by me in this application is true, complete, and correct to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature

Date

Broadway @ Barton
Barton Community College
245 NE 30th Rd
Great Bend, KS 67530
(620) 786-1187