



# B.R. Chamberlain Foundation for Public Enrichment

## Scholarship Application

Date

Current Status Undergraduate  
Graduate

Full Name

Current Address

City

State

Zip Code

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SAME AS ABOVE Yes  
No

Permanent Address

City

State

Zip Code

Home Phone

E-Mail Address

Cell Phone

Work Phone

Will you be a full time student?(Undergraduate 12 hours) (Graduate 9 hours)

Yes

No

Term:

What is your chosen major and minor?

What college or university are you attending?

GPA:

Anticipated graduation date:

~B.R. Chamberlain Foundation ~ 850-547-1574 ~ brchamberlainfoundation.org ~

**Important:** Print or type form legibly and completely. Applications will not be considered if they are incomplete or illegible.

**Semester Costs:**

**Tuition**

**Books**

**List anticipated sources and amounts of financial aid:**

**Secured:**

**Pursued, but not  
Secured:**

**Your career goals:**

**Let us know how an extra scholarship would help you meet your goals.**

**REQUIRED ITEMS TO BE INCLUDED WITH THIS APPLICATION**

A resent original transcript, but not necessarily sealed.

Any other pertinent data that does not fit on this form.

**By submitting this application, I agree that this scholarship application information may be shared with the scholarship selection committee and the scholarship donor upon the donor's request.**

**Applicant Signature**

**Date**

**Keep this page for your reference:**

The announcement of the award recipients will be made after the Board of Directors Meeting, held each July and December. The money will be transferred to the student's account at their college to be used for the designated semester.

If there are any questions or concerns, please call 850-547-1574.



**Return this application to:**

B.R. Chamberlain Foundation

3602 Mission Lane

Bonifay, Florida 32425

Email: [rconrad@brchamberlainfoundation.org](mailto:rconrad@brchamberlainfoundation.org)