

Please return completed application to:
Reflections for Women
PO Box 1557
Bakersfield, Ca. 93302
Must be postmarked by 12/31/2023



BAKERSFIELD COLLEGE
Student Scholarship Application Form
\$500 Award



Please type or print your answers clearly

1.	Last Name	First Name
2.	Email Address	
3.	Mailing Address	
	Street _____	
	City _____	State _____ Zip _____
4.	Telephone Number ()	
5.	Date of Birth: Month	Day Year
7.	Current Student of Bakersfield College? Circle one Yes No	
8.	If no, when do you plan to enroll in Bakersfield College?	
9.	Current GPA (On a 4.0 scale) Attach transcript	
10.	Name and Address of parent(s) or legal guardian(s)	
	Name _____	
	Street _____	
	City _____	State _____ Zip _____
11.	What is your major?	
12.	Are you currently receiving financial assistance? Circle one Yes amount \$ _____ No	
13.	How will you use the funds if awarded this Scholarship?	
14.	Comments	

Please email any questions to: jbeechinor@reflectionsforwomen.org