

## Bessie Anderson Scholarship Application Form

Student Name:	Date:
Permanent Mailing Address:	DOB:
Cell Phone Number:	
High School Attended:	
Intended Major:	<del></del>
Intended Minor:	
Extracurricular and Community Activities ( may elect to attach additional documentatio	n or separate pages



Professional Goals (upon graduation):
Statement of Impact on Financial Assistance (how will the award of a scholarship assist in your financial needs for school?):
Essay: Please write a 2-3 page double-spaced essay on why you have chosen the field of education.

Please return this form and your essay to the Dean of the College.

Dr. Keely Camden Dean, College of Education West Liberty University P.O. Box 295- 147 CSC West Liberty, WV 26074