

# Scholarship Application



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## New York

### Midtown Manhattan

3 East 43 Street  
New York, NY 10017  
Tel: 212-986-4343  
Fax: 212-818-1079

### Lower Manhattan

130 William Street  
New York, NY 10038  
Tel: 212-372-4446  
Fax: 212-372-4452

### White Plains

99 Church Street  
White Plains, NY 10601  
Tel: 914-694-1122  
Fax: 914-328-9469

### Berkeley College

**Online:** BerkeleyCollege.edu/online

## New Jersey

### Newark

536 Broad Street  
Newark, NJ 07102  
Tel: 973-642-3888  
Fax: 973-642-3889

### Garret Mountain

44 Rifle Camp Road  
Woodland Park, NJ 07424  
*(formerly West Paterson)*  
Tel: 973-278-5400  
Fax: 973-278-9141

### Paramus

64 East Midland Avenue  
Paramus, NJ 07652  
Tel: 201-967-9667  
Fax: 201-265-6446

### Woodbridge

430 Rahway Avenue  
Woodbridge, NJ 07095  
Tel: 732-750-1800  
Fax: 732-750-0652

Please complete this form together with a summary/essay describing your accomplishments and the reason you deserve this scholarship, and submit a copy of your high school transcript. All items should be mailed to the Admissions department at the location of your choice. Receipt of any award offer made as a result of this review is contingent upon formal application to the College and acceptance of enrollment by Berkeley, in addition to verification of all information provided. Awards are for full-time enrollment status, are subject to change, and are not transferable. I understand and acknowledge these conditions by my signature on this application.

|                            |       |        |  |
|----------------------------|-------|--------|--|
| <b>Name</b> (Please Print) |       |        | <b>Berkeley location you prefer to attend:</b><br><br><b>New York:</b><br><input type="checkbox"/> Midtown Manhattan <input type="checkbox"/> Lower Manhattan <input type="checkbox"/> White Plains<br><br><b>New Jersey:</b><br><input type="checkbox"/> Newark <input type="checkbox"/> Paramus <input type="checkbox"/> Woodbridge<br><input type="checkbox"/> Woodland Park<br><input type="checkbox"/> ONLINE |
| Last                       | First | Middle |  |
| Address                    |       | Apt. # |  |
| City                       | State | ZIP    |  |
| Home Phone                 | Email |        |  |
| Cell Phone                 |       |        |  |

### Program of Interest:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting   | <input type="checkbox"/> Information Systems Management        | <input type="checkbox"/> Management - Nonprofit Management |
| <input type="checkbox"/> Business Administration  | <input type="checkbox"/> Interior Design                       | <input type="checkbox"/> Marketing                         |
| <input type="checkbox"/> Computer Applications  | <input type="checkbox"/> Interior Design Management            | <input type="checkbox"/> Paralegal Studies                 |
| <input type="checkbox"/> Fashion Marketing & Management   | <input type="checkbox"/> International Business                | <input type="checkbox"/> Software Management               |
| <input type="checkbox"/> Financial Services   | <input type="checkbox"/> Justice Studies - Criminal Justice    |  |
| <input type="checkbox"/> General Business   | <input type="checkbox"/> Management                            |  |
| <input type="checkbox"/> Health Services Administration   | <input type="checkbox"/> Management - Entrepreneurship         |  |
| <input type="checkbox"/> Health Services Administration - Medical Insurance, Billing and Coding | <input type="checkbox"/> Management - Environmental Management |  |
| <input type="checkbox"/> Health Services Management   | <input type="checkbox"/> Management - Human Resources          |  |
- Not all Programs available at all locations.

### High School(s) Attended

| High School | Complete Address | Dates Attended | Dates of Graduation |
|-------------|------------------|----------------|---------------------|
|             |                  |                |                     |

### College(s) Attended

| College | Complete Address | Dates Attended | Dates of Graduation |
|---------|------------------|----------------|---------------------|
|         |                  |                |                     |

**Scholarship you are applying for:**

**DECA**       **FBLA**      **(Deadline date for DECA and FBLA: February 15 )**

**OTHER** \_\_\_\_\_

Class Officer: *Year and Office Held* \_\_\_\_\_

Other Activities \_\_\_\_\_

Do you intend to live on-campus?       Yes     No

Do you need to work part-time while attending college?       Yes     No

Have you already applied to Berkeley?       Yes     No

Have you received your acceptance letter?       Yes     No

Current GPA \_\_\_\_\_

SAT Scores \_\_\_\_\_ Date \_\_\_\_\_

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

ACT Score \_\_\_\_\_

School Counselor \_\_\_\_\_

After you graduate from high school, would you consider starting college in July?     Yes     No

If not, why? \_\_\_\_\_

Explain any unusual family financial circumstances that may prevent you from attending college if you are not awarded a scholarship grant to attend Berkeley College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are the recipient of a Berkeley College scholarship award, you are required to visit the College to meet with a financial aid administrator for final approval. I acknowledge and understand this requirement by my signature below. I give permission for Berkeley College to contact me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to complete this scholarship application. This may have been one of the most important steps you have taken to get your college experience off to the right start. If you have any questions when completing or mailing this application, please call **800-446-5400 Ext. P77**.

*Berkeley does not discriminate on the basis of gender, race, color, creed, religion, national origin, age, ancestry, disability, marital status, or veteran status.*

**(For Berkeley College Use ONLY)**

Reviewer Name *(Please Print)* \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Scholarship Application Received: \_\_\_\_\_

Received by:       Mail     Fax     Email

Campus: \_\_\_\_\_

Recommended Award: \_\_\_\_\_

Award Amount Per Academic Year:

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_  
Administrator Signature