Scholarship Request Form

		APP	LICANT INFORMATIO	N	
-ull Name:					
	Last		First		М.І.
Address:					
	Street Address				Apartment/Unit #
	City		State		ZIP Code
Telephone Number:	()	Bahá'í ID Number (if applicable):			
Date of Birth	E-mail				
			LARSHIP INFORMATI		y individuals wishing to attend
ve in a community v	with a Local Spi provided scho	iritual Asse	mbly are encouraged to	request fur	l scholarship. Individuals who nds from their Assembly befor separate Scholarship Request
-	-		lliam Sears Bahá'í School I , 2018 . You will be notifi		p Fund, complete this 2 week of receipt of form.
am requesting a:					
Full Scholarsh	ip 100%		Half Scholarship 50%		Partial Scholarship 25%
Additional Commen	ts or Question				
Additional commen		13.			
How did you hear al	bout William S	Sears Bahá	i'í School?		
Facebook			Mailer		Friends and Family
□ Twitter			The American Bahá'í		Website
□ Other					Website
Send completed forr	ns to:				
wmsears-reg@usbnc			Registrar 20)18	
			1388 Alber		
			Saint Paul, I	MN 55108	
			FIND US!		
Felephone (612) 64	3-1863		Twitter	' @MNBa	haiSchool
acebook www.fa	cebook.com/V	VilliamSea	rsBahaiSchool Online	www.Ba	haiSummerSchoolMN.com

