

Secondary Shattering Expectations Scholarship Application

Please print legibly:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Education

School: _____ Grade Level: _____ Cumulative GPA: _____

Graduation Year: _____ Chapter Name: _____ Chapter Advisor: _____

BPA Qualifications

What event qualified you for the State Leadership Conference (please provide event number and name)?

Why did you choose the above event to compete in? _____

What motivates you to stay in BPA? _____

How has BPA benefited your life? _____

How will BPA help prepare you for your future career? _____

