



2019 BCAT Scholarship Application

(Please Type)

NAME of APPLICANT _____ DATE _____

HOME ADDRESS _____

CITY _____ ZIP _____ PHONE _____

HIGH SCHOOL _____ CITY _____

BCAT MEMBER'S NAME (Print): _____

E-MAIL _____ G.P.A. _____

CLASS RANK _____ out of _____ ACT / SAT _____

BRIEFLY EXPLAIN YOUR CAREER PLANS:

ACADEMIC HONORS:

EXTRA-CURRICULAR SCHOOL & COMMUNITY SERVICE ACTIVITIES:

APPLICANT SIGNATURE

BCAT MEMBER SIGNATURE

PARENT SIGNATURE

*** APPLICANT MUST INCLUDE YOUR 7th SEMESTER or 11th TRIMESTER TRANSCRIPT WITH THIS FORM***

**Please Mail to: BCAT
 P.O.Box 6306
 Sparta, Tn. 38583**

