



## BEACON MEMORIAL SCHOLARSHIP APPLICATION

**APPLICATION DEADLINE IS APRIL 1, 2026**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Church Membership or Affiliation: \_\_\_\_\_

### Educational Plans

College or University you plan to attend \_\_\_\_\_

How long do you plan to attend college? (Check the appropriate space.)

Summer session only \_\_\_\_\_ One Year \_\_\_\_\_ Two Years \_\_\_\_\_

Three Years \_\_\_\_\_ Four Years \_\_\_\_\_ Longer than Four Years \_\_\_\_\_

What course of study or major field of interest do you plan to follow?

Do you plan to join a social fraternity or sorority?

What vocation do you plan to follow when you leave college?

### Academic History

List in chronological order the high school(s), college(s), or trade school(s) you have attended to date:

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree or College Hours: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree or College Hours: \_\_\_\_\_

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## Academic Transcript

A copy of your transcript must be attached before the application is submitted to the committee. **Your application cannot be processed without your transcript. If you are not presently a student, obtain the necessary transcripts before you submit the application.** If necessary, the school can forward the transcript. Please provide your school with a stamped envelope addressed to: The Beacon Memorial Scholarship, 1115 S Boulder Ave Tulsa, OK 74119

## Extracurricular Activities

On the line following each of these activities briefly describe your participation. Write none beside the activities in which you did not participate.

Honor Societies \_\_\_\_\_

Special Honors and Distinctions \_\_\_\_\_

Student Government \_\_\_\_\_

Athletics \_\_\_\_\_

Drama \_\_\_\_\_

Music \_\_\_\_\_

Speech \_\_\_\_\_

Others \_\_\_\_\_

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## Church and Civic Activities

List the church and civic activities in which you have been involved during the past four years.

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## Financial Data

Will you have to pay non-resident fees? \_\_\_\_\_ Have you been awarded any other scholarship? \_\_\_\_\_

What is its financial value? \_\_\_\_\_ When will it expire? \_\_\_\_\_

What type of scholarship is it? \_\_\_\_\_

On the basis of your present planning, how much money will you need from a scholarship? \_\_\_\_\_

If you do not receive a scholarship, how do you plan to meet your financial need? \_\_\_\_\_

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Will you be able to attend college if you do not receive a scholarship? \_\_\_\_\_

Are you receiving, or do you expect to receive any type of government grant in meeting your school expenses? \_\_\_\_\_

Explain \_\_\_\_\_

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## Financial Data (continued)

Do you own a car? \_\_\_\_\_ If so, please list the make and model \_\_\_\_\_

Is the car necessary in earning your livelihood? \_\_\_\_\_ How? \_\_\_\_\_

How much money have you earned over the past twelve months? \_\_\_\_\_

Do you plan on being employed during the coming school year? \_\_\_\_\_

If so, how much would you expect to earn? \_\_\_\_\_

Are there any person(s) financially dependent upon you? \_\_\_\_\_ If so, list their name(s) and relationship to you. \_\_\_\_\_

## Family Data

(This portion of Family Data is to be completed if you are currently a high school or college student)

Father's Name: \_\_\_\_\_ Is he living? \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Father's Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Is she living? \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Mother's Address (if different from Father's): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Do you live with either or both parents? \_\_\_\_\_ If not, do you have a legal guardian? \_\_\_\_\_

Guardian's Name & Address: \_\_\_\_\_

Guardian's Occupation and Business Address: \_\_\_\_\_

Make and year of family automobile(s): \_\_\_\_\_

Total gross family income last year: \_\_\_\_\_

Number of persons dependent on this income: \_\_\_\_\_

Explain any extraordinary expenses affecting personal or family financial situation. \_\_\_\_\_

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## Family Data (Continued))

What percentage of your college expenses can be paid for by your parents or guardian? \_\_\_\_\_

Are there other members of your immediate family attending college who are dependent upon the family income? \_\_\_\_\_

If so, how many? \_\_\_\_\_

**(This portion of Family Data is to be completed if you are not currently a high school or college student OR if you graduated from high school more than four years ago.)**

List the jobs you have held since high school or college graduation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your marital status? \_\_\_\_\_ If you are married, is your spouse employed? \_\_\_\_\_

What was your family income last year? \_\_\_\_\_ Do you have minor children to support? \_\_\_\_\_

If so, how many? \_\_\_\_\_ Why do you now wish to enter or re-enter college? \_\_\_\_\_

## Essay

Please attach a separate page and answer the following question: ***How do you live out your Christian witness in your daily life?*** (1 page or approximately 500 words.)

## References

*Please list three personal references who are not your relatives to whom you have given Personal Recommendation Forms. For students entering directly from high school, one reference must be the high school principal or counselor.*

*Include such persons as ministers, teachers, employers, or adult friends who can supply accurate information concerning you. Give the address and occupation of each person whose name you list. It is your responsibility to contact the persons you list and ask them to mail their Personal Recommendation Form and/or letter to: The Beacon Memorial Scholarship, 1115 S Boulder Avenue Tulsa, OK 74119. **NO APPLICATION CAN BE ACTED UPON WITHOUT THESE LETTERS OF REFERENCE.** It is suggested that you include a self addressed stamped envelope for your references to return their Personal Recommendation Form.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (\_\_\_\_)

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (\_\_\_\_)

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (\_\_\_\_)

Address: \_\_\_\_\_