

BRIN Scholars Application

Personal Information:

Name: _____

Address: _____

Phone: _____ Advisor(s): _____

Email: _____ Year in School: _____

List Courses Taken and Grades Received:

Year 1 – Semester 1	Grades	Year 2 – Semester 1	Grades
Year 1 – Semester 2	Grades	Year 2 – Semester 2	Grades

GPA: _____

Attach a Statement of Interest and Career Goals: Why do you want to be part of this program and how do you see it affecting your career?

I, _____, certify that the information herein is correct to the best of my knowledge and I authorize BRIN associates to view my academic records for purposes of verifying the above data.

Signed: _____ Date: _____

Please return this form and attachments to: Dr. Kim Carlson, BHS 301

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Personal Information:

Name: _____

List Courses Taken and Grades Received:

Year 3 – Semester 1	Grades	Year 4 – Semester 1	Grades
Year 3 – Semester 2	Grades	Year 4 – Semester 2	Grades

GPA: _____