

## Beta Pi Epsilon Scholarship referral form

This form must be submitted with the student's application for admission to Carroll University. All forms must be submitted by **February 1** of the year prior to the student's first fall semester.

BETA alumni name \_\_\_\_\_  
Last First Middle initial

Year of graduation \_\_\_\_\_ BETA alumni e-mail address \_\_\_\_\_

Son or daughter's name \_\_\_\_\_  
Last First Middle initial

High school attending \_\_\_\_\_ High school graduation date \_\_\_\_\_

Thank you for considering Carroll University. Notification of the scholarship will be part of your financial aid award.