BERKELEY COLLEGE
DECA PARTICIPANT SCHOLARSHIP APPLICATION

Please submit this application with your high school transcript and a letter of recommendation from a member of the Marketing Education Department and/or school counselor at your high school.

PERSONAL INFORMATION: (Please print)
Name: ___________________________ Last First Middle
Address: ___________________________
City/Town: ________________________ State: ___________ Zip: ___________
Home Phone*: _____________________ Mobile Phone*: ______________ Email: ___________
Name of High School: _______________ Year of Graduation: ___________
Address: ___________________________ State: ___________ Zip: ___________
Have you applied for admission to Berkeley College? ☐Yes ☐No

DEGREE PROGRAMS OF INTEREST:
☐ Accounting ☐ Fashion Merchandising and Management
☐ Financial Services ☐ General Business
☐ Graphic Design ☐ Health Sciences
☐ Health Services Management ☐ Information Technology Management
☐ Interior Design ☐ International Business
☐ Justice Studies – Criminal Justice ☐ Legal Studies
☐ Management ☐ Marketing Communications
☐ Medical Assistant ☐ Medical Insurance, Billing and Coding
☐ Surgical Technology ☐ Medical Assistant
☐ Medical Insurance, Billing, and Coding ☐ Patient Care Technician
☐ Practical Nurse ☐ Surgical Processing Technician

CERTIFICATE PROGRAMS OF INTEREST:
☐ Medical Assistant ☐ Medical Insurance, Billing, and Coding
☐ Patient Care Technician ☐ Practical Nurse
☐ Surgical Processing Technician

DECA INFORMATION:
How long have you been a member of DECA?: __________________________
Coordinator’s Name: __________________________
DECA activities: _______________________________________________________
DECA offices you have held: _____________________________________________
DECA awards and special accomplishments: ______________________________
What influence has DECA had on you and your future aspirations?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

☐ Scholarships awarded apply to full-time, day-school attendees of Berkeley College.
☐ Scholarship winners agree to participate in and give support to Berkeley’s DECA activities.

Signature of applicant: ___________________________ Date: ___________

Berkeley College is an Equal Opportunity Institution.

Please mail all information to:
Central Support Services
Box 440
Little Falls, NJ 07424

BerkeleyCollege.edu • info@BerkeleyCollege.edu

*I give Berkeley College permission to call and/or text me about its programs or services at the phone number provided, including a wireless number, using automated means. Please note that such consent is not required to attend Berkeley College. Berkeley College reserves the right to add, discontinue, or modify its programs and policies at any time. Modifications subsequent to the original publication of this information may not be reflected here. For the most up-to-date information, please visit BerkeleyCollege.edu. For more information about Berkeley College graduation rates, the median debt of students who completed programs, and other important disclosures, please visit BerkeleyCollege.edu/disclosures.