

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: _____
Number Street Apt.

City/Town: _____ State: _____ Zip: _____

Home Phone*: _____ Mobile Phone*: _____ Email: _____

Name of High School: _____ Year of Graduation: _____

Address: _____
Number Street Apt.

City/Town: _____ State: _____ Zip: _____

Have you applied for admission to Berkeley College? Yes No

DEGREE PROGRAMS OF INTEREST:

- Accounting
- Design Management
- 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
- National Security
- Surgical Technology

CERTIFICATE PROGRAMS OF INTEREST:

- Medical Assistant
- Medical Insurance, Billing, and Coding
- Patient Care Technician
- Practical Nurse
- Surgical Processing Technician

CAMPUS YOU PREFER TO ATTEND:

New Jersey

- Dover
- Newark
- Paramus
- Woodbridge
- Woodland Park

New York

- Brooklyn
- New York City
- White Plains - residence halls available

Berkeley College Online®

- Online

Not all programs and courses are offered at all campuses. You may be required to take some courses at another campus or online.

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.