



Southern West Virginia Community College Foundation Scholarship Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Social Security Number/ID#: _____ Telephone: _____

County of Residence: _____ Date of birth: _____

If graduated, name of school _____ Year _____

If yes, what was your current GPA? _____ ACT Score _____ G.E.D. ____yes____no

Are you presently attending Southern West Virginia Community and Technical College?

____ yes ____ no

Please provide a brief statement concerning your background and your college plans: _____

Are you receiving other scholarships or other forms of college financial aid? ____ yes ____ no

If so, list source and amount _____

For financial need or special circumstances requests only: Please attach a letter to the Vice President of Development expressing your financial need or special circumstances surrounding your attending Southern and a list of your monthly expenses.

PLEASE READ AND SIGN:

I certify that the information on this application is true and accurate to the best of my knowledge. I authorize Southern West Virginia Community and Technical College and the Southern West Virginia Community College Foundation to verify all information contained in this application. Any institution, agency, or individual may release information to the College and Foundation for verification purposes. I understand the College and Foundation may release this information for verification and/or publicity purposes. It is my responsibility to inform the Financial Aid Office staff of any scholarship, grant, or waiver received by me.

Student's Signature

Date

It is the policy of Southern West Virginia Community and Technical College to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, sex, religion, age, or national origin.