



# SOUTHERN SCHOLARSHIP

APPLICATION DEADLINE: April 15, 2020

**Student Section:**

Name: _____	Telephone: _____	
Date of Birth: _____		
Mailing Address: _____		
ARE YOU RECEIVING OTHER SCHOLARSHIPS THAT ARE TUITION SPECIFIC?	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU ATTENDED, OR ARE YOU CURRENTLY ATTENDING ANY EDUCATIONAL INSTITUTION FOR CREDIT OR TRAINING BEYOND HIGH SCHOOL?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU CURRENTLY ENROLLED AND/OR ATTENDING SOUTHERN?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU APPLIED FOR FEDERAL ASSISTANCE THROUGH THE FAFSA?	<input type="checkbox"/>	<input type="checkbox"/>
<p>I AUTHORIZE SOUTHERN WEST VIRGINIA COMMUNITY &amp; TECHNICAL COLLEGE TO VERIFY ALL INFORMATION CONTAINED IN THIS APPLICATION. ANY INSTITUTION, AGENCY OR INDIVIDUAL MAY RELEASE INFORMATION TO THE COLLEGE FOR VERIFICATION PURPOSES. IT IS MY RESPONSIBILITY TO INFORM THE FINANCIAL AID OFFICE OF ANY SCHOLARSHIPS, GRANTS, OR WAIVERS RECEIVED BY ME.</p>		
_____	_____	
Signature	Date	

**Counselor Section:**

I, _____	at _____	Verify that _____
<small>(Name of Counselor )</small>	<small>(Name of High School)</small>	<small>(Name of student)</small>
will graduate _____	With a cumulative GPA _____	
<small>(Date of Graduation)</small>		
_____	_____	_____
Award Ceremony Location	Award Ceremony Date	Award Ceremony Time
_____	_____	_____
Signature of HS Counselor	Date	

RETURN APPLICATION TO: SWVCTC, ATTENTION: FINANCIAL AID, PO BOX 2900, MOUNT GAY, WV 25637  
 OR FAX: 304-792-7113 **\*\*This application must have High School Transcript attached\*\***

For more information visit: [www.southernwv.edu](http://www.southernwv.edu)

**#FINDYOURDIRECTION**

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