



# SOUTHERN SCHOLARSHIP

APPLICATION DEADLINE

**APRIL 15, 2016**

**STUDENT SECTION**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ARE YOU RECEIVING OTHER SCHOLARSHIPS THAT ARE TUITION SPECIFIC? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU ATTENDED, OR ARE YOU CURRENTLY ATTENDING ANY EDUCATIONAL INSTITUTION FOR CREDIT OR TRAINING BEYOND HIGH SCHOOL? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU CURRENTLY ENROLLED AND/OR ATTENDING SOUTHERN WV COMMUNITY & TECHNICAL COLLEGE?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU APPLIED FOR FEDERAL ASSISTANCE THROUGH THE FAFSA? \_\_\_\_\_ YES \_\_\_\_\_ NO

I AUTHORIZE SOUTHERN WEST VIRGINIA COMMUNITY & 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.

\_\_\_\_\_  
 Student's Signature Date

**HIGH SCHOOL COUNSELOR SECTION**

I, \_\_\_\_\_ HIGH SCHOOL COUNSELOR AT \_\_\_\_\_  
COUNSELOR'S NAME NAME OF HIGH SCHOOL

VERIFY THAT \_\_\_\_\_ WILL GRADUATE \_\_\_\_\_  
STUDENT'S NAME DATE OF GRADUATION

WITH CUMULATIVE HS GPA \_\_\_\_\_.

\_\_\_\_\_  
AWARD CERMONY LOCATION AWARD CERMONY DATE AWARD CERMONY TIME

\_\_\_\_\_  
SIGNATURE OF HIGH SCHOOL COUNSELOR DATE

RETURN APPLICATION TO: SWVCTC, ATTENTION: FINANCIAL AID, PO BOX 2900, MOUNT GAY, WV 25637 OR FAX: 304-792-7113

**\*\*\*This application must be have High School Transcript attached**