



Office of Student Financial Aid  
P.O. Box 9031  
Virginia State University, VA 23806

2016-2017

### APPLICATION FOR SCHOLARSHIPS

This application is for a merit-based scholarship award from Virginia State University only. All information provided must be current. Students must also complete the Free Application for Federal Student Aid (FAFSA). The student must have a cumulative GPA of 3.00 and be enrolled full-time in order to receive this University administered scholarship. *Incomplete applications will not be processed. (Deadline to submit Merit-Based Scholarship Application is April 30, 2016.)*

Scholarship Type: University Other \_\_\_\_\_

Name: \_\_\_\_\_ SS # (Last 4 Digits): \_\_\_\_\_ V# \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Local or Cell Phone #: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Sex: Male Female

Marital Status: Single Married Separated Divorced Number of Dependent (s) \_\_\_\_\_

Citizenship U.S. Alien Registration # \_\_\_\_\_  
Other \_\_\_\_\_

Indicate your enrollment status: Full-time (12 hrs. or more) Part-time (11 hrs. or less)  
Classification: Freshman Sophomore Junior Senior

Major: \_\_\_\_\_ Department: \_\_\_\_\_

Name of College or University Previously Attended: \_\_\_\_\_

List two references: (1) Departmental (2) Personal

Name \_\_\_\_\_ Department \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_

I understand that submitting this application does not guarantee a scholarship. Receiving this scholarship is contingent on funding availability. I certify that the information provided is true.

Signature	Date
<b>For Office Use Only</b>	
<u>2016-2017 Award Period</u>	<u>Academics</u>
Budget _____	CGPA FALL 15 _____ CGPA SPR 16 _____
Award _____	Major _____
Remaining Need _____	Classification _____
EFC # _____ PELL AWARD _____	Reviewed By: _____ Date: _____