



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

2018-2019

## 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** to receive this University scholarship. ***Incomplete applications will not be processed. (Deadline to submit Merit-Based Scholarship Application is April 30, 2018.)***

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: \_\_\_\_\_

Provide a Departmental reference:

Name \_\_\_\_\_ Department \_\_\_\_\_ 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

**For Office Use Only**

<u>2018-2019 Award Period</u>	<u>Academics</u>
Budget _____	Cum GPA _____
Award _____	Major _____
Remaining Need _____	Classification _____
EFC # _____ PELL AWARD _____	Reviewed By: _____ Date: _____