



## 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, _____ COUNSELOR'S NAME	HIGH SCHOOL COUNSELOR AT _____ NAME OF HIGH SCHOOL	
VERIFY THAT _____ STUDENT'S NAME	WILL GRADUATE _____ 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