

continued:

Institution Attended _____ Field of Study _____
Credits/Degree Earned _____
Year(s) Attended _____

Institution Attended _____ Field of Study _____
Credits/Degree Earned _____
Year(s) Attended _____

Institutional Information

6. List Current/Accepted for Enrollment Accredited Institution

Accredited Institution _____

Address: _____
Number and Street

City State Zip E-mail

Individual Contact: _____

Telephone Contact: _____

Field of Study: _____

Start Date: _____ Projected Date of Graduation: _____

CERTIFICATION ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.**

Applicant Name (Printed) _____

Signature _____

Date _____

Attachments Required:

1. Academic Records
2. Demonstration of Financial Need
3. Personal or Family Circumstances as Applicable
4. Statement of Career Goals and Objectives
5. Documentation of School and Community Activities
6. References

Please submit application and required attachments to scholarship@wvama.org.