

**Southern West Virginia Community College Foundation, Inc.  
SFP-4002.A, Textbook Scholarship Application**

**DEADLINE FOR APPLICATION: FALL SEMESTER – APRIL 15; SPRING SEMESTER – OCTOBER 15**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please provide a brief statement concerning your background and your college plans:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a statement of need which details monthly income and expenses as directed on the attached guidelines.**

**Please Read and Sign:**

I authorize Southern West Virginia Community and Technical College and the Southern West Virginia Community College Foundation, Inc. to verify all information contained in this application. Any institution, agency, or individual may release information to the College or Foundation for verification purposes. I understand the College and Foundation may release this information for verification and/or publicity purposes. It is my responsibility to inform the Financial Aid Office staff of any scholarship, grant, or waiver received by me.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
Applied for Federal Financial Aid? Yes  No   
Cost of Attendance: \_\_\_\_\_ Expected Family Contribution: \_\_\_\_\_  
Estimated Financial Aid Award: \_\_\_\_\_ Student Contribution: \_\_\_\_\_  
Hours Attempted: \_\_\_\_\_ Hours Completed: \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Applied to Southern West Virginia Community and Technical College? Yes  No

\_\_\_\_\_  
Financial Aid Representative

Foundation Approval: Yes  No  Tuition: \_\_\_\_\_ Books: \_\_\_\_\_

\_\_\_\_\_  
Foundation Representative