

SOUTHERN SCHOLARSHIP

Renewal Application

APPLICATION DEADLINE: May 15, 2022

Student Section:

GPA FOR RENEWAL APPLICANTS MUST BE 3.00

Name:	Telephone:			
Student ID:	Date of Birth:			
Mailing Address:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> </table>			Yes	No
	Yes	No		
<p>ARE YOU RECEIVING OTHER SCHOLARSHIPS THAT ARE TUITION SPECIFIC?</p> <p>HAVE YOU ATTENDED, OR ARE YOU CURRENTLY ATTENDING ANY EDUCATIONAL INSTITUTION FOR CREDIT OR TRAINING BEYOND HIGH SCHOOL?</p> <p>ARE YOU CURRENTLY ENROLLED AND/OR ATTENDING SOUTHERN?</p> <p>HAVE YOU APPLIED FOR FEDERAL ASSISTANCE THROUGH THE FAFSA?</p> <p>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.</p>				
<hr style="width: 60%; margin: 0 auto;"/> <p>Signature</p>	<hr style="width: 20%; margin: 0 auto;"/> <p>Date</p>			

Counselor Section:

For Financial Aid office use only			
Academic Progress			
Attempted Hours	_____		
Completed Hours	_____		
GPA	_____		
Academic Warning	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		

RETURN APPLICATION TO: SWVCTC, ATTENTION: FINANCIAL AID, PO BOX 2900, MOUNT GAY, WV 25637
OR FAX: 304-792-7113 ****This application must have High School Transcript attached****

For more information visit: www.southernwv.edu

#FINDYOURDIRECTION