

SOUTHERN SCHOLARSHIP

APPLICATION DEADLINE: April 15, 2022

| Student Section: | | | | | |
|----------------------------|---|-----------------------|-------------------|---------------------|----------|
| Name: | Telephone: | | | | |
| Date of Birth: | | | | | |
| Mailing Address: | | | | | |
| ARE YOU RECEIVING OTHER SO | CHOLARSHIPS THAT ARE TUITIO | ON SPECIFIC? (ex. Pro | _ | Yes | No |
| · | E YOU CURRENTLY ATTENDING TRAINING BEYOND HIGH SCHOO | | L | | |
| ARE YOU CURRENTLY ENROLL | LED AND/OR ATTENDING SOUTH | ERN? | | | |
| HAVE YOU APPLIED FOR FEDE | RAL ASSISTANCE THROUGH THE | E FAFSA? | | | |
| CONTAINED IN THIS APPLICAT | T VIRGINIA COMMUNITY & TECHTION. ANY INSTITUTION, AGENC PURPOSES. IT IS MY RESPONSIBI WAIVERS RECEIVED BY ME. | Y OR INDIVIDUAL I | MAY RELEASE INFO | ORMATIO | N TO THE |
| | Signature | | | Date | e |
| Counselor Section: | | | | | |
| I,; | at(Name of High School) | Verify that | (Name of student) | | |
| will graduate | With a cumulative GPA | | | | |
| (Date of Graduation) | | | | | |
| Award Ceremony Location | Award Ceremony | Award Ceremony Date | | Award Ceremony Time | |
| Signature of HS Counselor | | | | Date | <u>-</u> |

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

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