

SOUTHERN SCHOLARSHIP

APPLICATION DEADLINE: April 17, 2023

Student Section:						
Name:						
Date of Birth:						
Mailing Address:						
ARE YOU RECEIVING OTHER	R SCHOLARSHIPS TH	HAT ARE TUITION	SPECIFIC? (ex. Pro		Yes	No
HAVE YOU ATTENDED, OR A INSTITUTION FOR CREDIT OF				_		
ARE YOU CURRENTLY ENRO	OLLED AND/OR ATT	ENDING SOUTHER	RN?			
HAVE YOU APPLIED FOR FEI	DERAL ASSISTANCE	E THROUGH THE F	AFSA?			
I AUTHORIZE SOUTHERN WE CONTAINED IN THIS APPLICATION COLLEGE FOR VERIFICATION SCHOLARSHIPS, GRANTS, OF	ATION. ANY INSTIT N PURPOSES. IT IS I	TUTION, AGENCY MY RESPONSIBILI	OR INDIVIDUAL M	IAY RELEASE INF	FORMATIO	ON TO THE
Signature				Date		
Counselor Section:						
I,(Name of Counselor)	at	gh School)	_ Verify that	(Name of student))	
will graduate (Date of Graduation)	With a cum	ulative GPA				
Award Ceremony Location		Award Ceremony D	ate	Award Cerei	mony Tim	e
Si	gnature of HS Couns	elor			Dat	te

RETURN APPLICATION TO: SWVCTC, ATTENTION: FINANCIAL AID, 100 College Drive, Logan, WV, 25601
This application must have High School Transcript attached

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