

**Southern West Virginia Community College Foundation, Inc.**  
**WVCRN Scholarship Application**

**Overview**

One of the goals of the WVCRN and Southern WV Community & Technical College is to support students in recovery in attaining their educational aspirations. Through fundraising and donations, we can offer awards paid directly to the student to assist with school-related expenses. A selection committee comprised of WVCRN and Southern Foundation Advisory Committee members will review and select the awardee(s). Preference is given to West Virginia residents. Applications are accepted at any time. The committee will make awards before the fall and spring semesters as funds are available. Scholarships are available starting at \$500.00 per academic year to eligible students.

**Criteria**

1. Applicants must have a 2.5 GPA or higher.
2. Be actively in recovery from a substance use disorder for one year.
3. Be enrolled full-time at a West Virginia college or university.
4. Be willing to share their recovery story in print, live or recorded video, and at events.
5. Must participate in the collegiate recovery community or program at their institution, which includes meeting once a month with a peer recovery support specialist, attending at least two collegiate recovery community seminars/groups, and attending one special event during the semester.

**Additional Criteria**

1. Complete the application.
2. Provide at least one letter of recommendation from an individual who can comment on the applicant's commitment to recovery.
3. Provide documentation of enrollment to verify student status.
4. Write a 500-word essay on their recovery story.

**Instructions**

Please fully complete an application and submit it to the Development Office. This scholarship application will be kept on file for the current academic year. Only complete applications may be considered.

You may submit your application in person, by mail, or email to the following:

Southern West Virginia Community College Foundation  
P. O. Box 2020  
Mount Gay, West Virginia 25637  
Phone: 304-896-7425 or 304-896-7406  
Email: [Development@southernwv.edu](mailto:Development@southernwv.edu)

**Deadlines**

**The deadline to submit this application is April 15 for Fall Semester and October 15 for Spring Semester.** Applications submitted after the Priority Deadline will still be considered for any remaining scholarship funding. A completed application must be submitted for each academic year a student wishes to be considered for scholarships. **Only those selected for scholarships will be notified.**

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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Southern E-Mail: \_\_\_\_\_ Other E-Mail (optional): \_\_\_\_\_

Current GPA (Semester & Cumulative) \_\_\_\_\_

Are you a WV resident? \_\_\_ Yes \_\_\_ No

Are you a first-generation college student? \_\_\_ Yes \_\_\_ No

Are you a \_\_\_ Full-time Student or \_\_\_ Part-time Student

Are you in recovery from a substance use disorder and actively engaged in a recovery program? \_\_\_ Yes \_\_\_ No

Please share what recovery means to you and describe your current recovery plan:

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Please share why you would be a good candidate to receive this award:

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Upload a letter of recommendation from someone who can comment on your commitment to recovery:

**By submitting this application and electronic signature, I understand that I commit to the abovementioned commitment if I am selected for this award.**

**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 in this application. Any institution, agency, or individual may release information to the College or Foundation for verification. The College and Foundation may release this information for verification and publicity purposes. I am responsible for informing the Development Office staff of any scholarship, grant, or waiver I received.

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

\_\_\_\_\_  
Date