



GLENVILLE STATE

Scholarship and Financial Aid Recommendation Form

Student's Name: _____ GSC ID or SSN: _____

Permanent Address: _____
PO Box/Number/Route City State Zip

Phone: _____ Home County if WV Resident: _____

High School Name: _____ Date of High School Graduation: _____

Major Field of Study: _____ Expected college graduation date: _____

When will/did student begin full time enrollment at GSC? _____

Did either parent attend any college? Select one: ____ Yes ____ No ____ Unknown

Basis of recommendation: Financial need ____ Academic achievement ____ Other ____

Provide justification for the recommendation (may attach separate sheet) _____

Nominator prints, and signs, name

Date

Return to:

Financial Aid Office
Glenville State College
200 High Street
Glenville WV 26351

Phone: 304-462-4103
Fax: 304-462-4407
Email: karen.lay@glenville.edu
Web: www.glenville.edu

The Scholarship Committee will begin awarding financial assistance to incoming students in February. In order to be on the list to be considered, students must have applied for admission and have high school or college transcripts and test scores submitted to the Admissions Office by February 1. Later applications will be accepted, but those completed by February 1 will be considered first for scholarships. Awarding will continue throughout the spring until funds are exhausted.

Office Use Only:

First Year Student _____ Transfer Student _____ Returning GSC student _____ Academic Year _____

High School GPA _____ ACT/SAT _____ College GPA _____ FAFSA EFC _____

Other financial aid awards: _____

Decision of Committee: _____

Funds awarded

Date

Signature of Chair