

Academic Scholarship Application

Upperclassmen: submit by February 1 for priority consideration.

First time students do not need to submit this application. Awards will be made to first time students who have applied for admission and submitted their transcripts and test scores by February 1 for priority consideration. Later applicants will be reviewed as funding allows.

Only returning GSC students who wish to be considered for scholarships need to submit this application.

| Name: | Student ID Number: | | | | |
|---|--|---|--|----------------------------------|--|
| Permanent Address: | | | | | |
| | PO Box/Number/Route | City | State | Zip | |
| Local Address: |) Box/Number/Route | City | State | Zip | |
| High School Name: | | Date o | f High School Graduation | n: | |
| Extracurricular Activitie | es: | | | | |
| College Major: | | Exp | _ Expected Graduation Date: | | |
| Have you completed the Application must be received | Free Application for Fed to be considered for scholarship | deral Student Aid tos. | for the upcoming year? Y | es / No | |
| When did you begin full | time enrollment at GSC | ? | Did either parent attend college? Yes / No | | |
| | Promise Scholarship? If yes, list types ar | | ou receiving scholarships | s from other | |
| Oil and Gas E Verizon Empl Presbyterian A | a dependent child of: | eta Sorority Meml Athlete (specify s ated with Roanok | ber Dominion E sport) 3 years at T e WV United Methodist (| imployee Froy Elem. Church | |
| Do you have special circ | cumstances that you wish | to share with the | Scholarship Committee? | | |
| | | | | | |
| Office Use Only: | | | | | |
| High School GPA: | ACT/SAT score | College Gl | PA: College Gr | ade Level: | |
| Other Comments: | | | | | |
| Award Made: | | | Amount | | |
| Award Made: | ard Made: Amount | | | | |
| Return to: Financial Aid Office | | | Phone: 304.462.4103 | | |

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