



GLENVILLE
STATE COLLEGE

Academic Scholarship Application

Name: _____ Student ID Number: _____

Are you applying as an undergraduate or graduate student? _____ Undergraduate _____ Graduate

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

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

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

If you are a Graduate Student, please list other college(s) attended, with majors and graduation dates.

School Name _____ Major: _____ Graduation date: _____

School Name _____ Major: _____ Graduation date: _____

School Name _____ Major: _____ Graduation date: _____

School Name _____ Major: _____ Graduation date: _____

Extracurricular Activities: _____

College Major: _____ Expected Graduation Date: _____

Have you completed the Free Application for Federal Student Aid for the upcoming year? Yes / No
Application must be received to be considered for scholarships.

When did you begin full time enrollment at GSC? _____ Are you eligible for the PROMISE Scholarship? Yes/No

Are you receiving scholarships from other organizations? Yes / No If yes, list types and amount

Scholarship: _____ Amount: \$ _____

Scholarship: _____ Amount: \$ _____

Scholarship: _____ Amount: \$ _____

Scholarship: _____ Amount: \$ _____

Please check if you are a dependent child of

- | | | |
|---|--|---|
| <input type="checkbox"/> Timber Supplier | <input type="checkbox"/> Dominion Employee | <input type="checkbox"/> Presbyterian Affiliation |
| <input type="checkbox"/> Gilmer County Veteran | <input type="checkbox"/> Verizon Employee | <input type="checkbox"/> Affiliated with |
| <input type="checkbox"/> Oil and Gas Employee | <input type="checkbox"/> Athlete (specify sport) | Roanoke WV United |
| <input type="checkbox"/> Delta Zeta Sorority Member | <input type="checkbox"/> past Troy Elem. student | Methodist Church |

Did either parent attend college? Yes / No Did either of your parents graduate from Glenville State College? Yes/No

Do you have special circumstance that you wish to share with the Scholarship Committee? _____

Office Use Only:

Date Application Received: _____ Date Application Sent to Foundation: _____

Return to: Financial Aid
Glenville State College
200 High Street
Glenville WV 26351

Phone: 304.462.4103
Fax: 304.462.4407
Email: financial.aid@glenville.edu
Web: www.glenville.edu