



GLENVILLE
STATE UNIVERSITY

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 GSU? _____ 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 Roanoke
WV United Methodist
Church |
| <input type="checkbox"/> Oil and Gas Employee | <input type="checkbox"/> Athlete (specify sport) | |
| <input type="checkbox"/> Delta Zeta Sorority Member | <input type="checkbox"/> Past Troy Elem. student | |

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

Mail: Office of Financial Aid
 Glenville State University
 200 High Street
 Glenville, WV 26351

For Questions

Phone: 304-462-6103
 Email: financial.aid@glenville.edu

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