



Scholarship Application Form

APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: ____ - ____ - ____ West Virginia Resident? Yes ____ No ____

Home Phone: (____) ____ -- _____ E-Mail Address: _____

MINIMUM REQUIREMENTS:

1. West Virginia Resident.
2. Full time student enrolled in an accredited program.
3. Will have completed at least sixty hours of credit by June of the year they are applying.
4. Must have a Cumulative GPA of 3.0 or higher.
5. Majoring in Architecture or Engineering. (Please circle)
6. Submit current official transcript from college/university.
7. Submit two letters of recommendation from faculty/staff.
8. Submit one letter of recommendation from WVSHE Active Voting Member.
9. Must submit all information to Scholarship Committee no later than April 1st.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation and/or separation from the Scholarship. Also, I voluntarily give WVSHE permission to make a thorough investigation of my past accomplishments and all other facts as stated on the reference form. I release from liability or responsibility all persons, places of business, municipalities, schools, and colleges/universities supplying such information. I understand if awarded the Scholarship, I will be responsible for any and all taxes. The check will be made payable for disbursement of the fall semester to the college or university where I am enrolled and will be attending the following Fall Semester. The check will be returned to WVSHE if not applied to the applicant's educational expenses.

Signature Required: _____ Date: _____