SCHOLARSHIP INFORMATION FORM

Please complete this form completely. If you have received a letter with the scholarship check, please submit this form, letter, check and any other documentation regarding the award to Virginia Western Community College’s Office of Financial Aid and Veteran’s Affairs.

Student Name: ____________________________________________

Student EMPLID: __________________________

Student Phone #: __________________________

Student email: __________________________@email.vccs.edu

Scholarship Information:

Scholarship Sponsor/Name: ____________________________________________

Scholarship Contact Information: ____________________________________________

________________________________________
Amount of scholarship: __________________________

Academic year in which scholarship should be applied: __________________________

Semester to be applied (circle one):  Fall only  Spring only  Fall/Spring  Summer

**Please note that if the scholarship check is made out to VWCC and the student, that you, the student, endorse the back side of the check. If you do not sign the check, this could delay processing.

_____________________________  __________________________
Student Signature  Date