



## SUPPLEMENTAL STUDENT INFORMATION FORM

VWCC Enrollment Center • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704  
Email: [Enroll@virginiawestern.edu](mailto:Enroll@virginiawestern.edu) / Fax: 540-857-6163

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NAME

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EMPL ID

1. Where were/are you physically located during Thanksgiving, spring, and summer breaks?

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2. Do you currently have health insurance?  Yes  No

If so, who is responsible for paying the premium?

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3. Have you had health insurance for the entire past twelve months?  Yes  No

If so, who was responsible for paying the premium?

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4. Do you operate an automobile?  Yes  No

If so, who owns the automobile?

In whose name is the vehicle registered?

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5. Do you currently have automobile insurance?  Yes  No

so, who is responsible for paying the premium?

If so, in whose name is the insurance policy issued?

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6. Have you had automobile insurance for the entire past twelve months?  Yes  No

If so, who was responsible for paying the premium?

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7. Have you attended another college or university?  Yes  No

If so, please list schools, dates of attendance, and who was responsible for payment of tuition.

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8. When and why did you come to Virginia?

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## INDEPENDENT STUDENT DECLARATION

I certify that for at least one year prior to the first day of the semester of my intended enrollment, that each of the following conditions is satisfied:

1. My parents/legal guardians have surrendered the right to my care, custody, and earnings.
2. My parents/legal guardians did not claim me as a dependent on federal and state income taxes.
3. My parents/legal guardians have provided me with **less than half** of my financial support.
4. I have been financially self-sufficient for at least one year prior to my enrollment at Virginia Western.
5. I am able to provide clear and convincing evidence that I have been financially self-sufficient for at least one year prior to my enrollment at Virginia Western.\*\*

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Signature of Applicant

\_\_\_\_\_  
Date

*\*\*A copy of your most recent tax return may be required*