Last Dollar Scholarship Application

(For tuition and books only)

Updated 8/2024

	(1 of taltion and books only)			
Eligibil	ity			_
	I am enrolled at least half-time (6 credit hours) at SWCC	YES	NO	
	I have at least a 2.0 GPA and am considered in good standing	YES	NO NO	
	I have completed the FAFSA	YES	NO NO	
	Completed the Single Stop application at: https://app.singlestop.org/vccs/southwestvirginiacc	YES	N0	
-	answered yes to ALL questions above, you are eligible to apply for scholarship assistance. Please			ion

Application Instructions:

• Complete Student Information and Student Financial Information sections of application

award up to \$500 per student, per semester, and no more that twice per student.

• NOTE: Scholarship funds are for educational expenses only. No funds will be made payable to an individual.

Completed application may be submitted to the Dean of Student Success office – room B150 or scanned and emailed to shelly.musick@sw.edu.

shelly.musick@sw.edu.					
	STUDENT INFORMATION				
Name	SWCC Student ID#				
Total Amount Requested \$	nount that is being requested. Quo	k purchases, please provide and attach a quote tes must come from the bookstore.			
Address	City	STZip			
County	_ High School Attended				
Phone (home)(ce	ell)	(work)			
SWCC Student Email	Curro	ent GPA			
Are you a first or second year student?	How many credits ha	ve you completed?			
SWCC Academic Major	Semester for which y	ou are requesting funds			
Did you/will you receive PELL funds, or other scholarsh	ips this semester? If so list amount	(s)			
Do you plan to transfer to a 4-year university?					
If so, list the university	Major				
Briefly describe your financial need and how it w specific funds needed (tuition, or books.) Attach		formance in your courses at SWCC. List			
All information on this application is complete, true, ar Southwest Virginia Community College. Any missing, in					
Student Signature	Date				

STUDENT FINANCIAL INFORMATION To be completed by the applicant.							
Are you currently employed?	If so, monthly income: \$	Employer Name	e:				
Marital Status:	Number of Dependents	:					
Estimated Cost	s (per month)	Estimated In	come (per month)				
Rent/Mortgage	Amount: \$	Earnings of student	Amount: \$				
Food	\$	Earnings of spouse	\$				
Transportation	\$	Parent's contribution	\$				
Utilities	\$	Savings	\$				
Child Care	\$	Child support received	\$				
Cell Phone	\$						
Cable/Internet	\$						
Other expenses:		Other resources (including	TANF, SSI, etc):				
Expense:	\$	Resource:	\$				
Expense:		Resource:					
Total Expense	s Per Month \$	Total Inc	ome Per Month \$				

Student Name:______SWCC ID#:_____

INTERNAL USE ONLY						
Request approved for \$	Request denied					
	Funds not available					
	Incomplete application					
Authorized Signature	Other:					
Student notified	(date)					