

Eligibility

- 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
- I have completed the FAFSA YES NO

If you answered yes to ALL questions above, you are eligible to apply for scholarship assistance. Please print and complete the application below. Please keep in mind that incomplete applications will not be considered.

Application Instructions:

- Complete Student Information and Student Financial Information sections of application
- **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 dyan.lester@sw.edu or shelly.musick@sw.edu.

STUDENT INFORMATION

Name _____ SWCC Student ID# _____

Total Amount Requested \$ _____ If requesting assistance with book purchases, please provide and attach a quote from the bookstore (1419mgr@follett.com or kathy.wright@sw.edu) for the amount that is being requested.

Address _____ City _____ ST _____ Zip _____

County _____ High School Attended _____

Phone (home) _____ (cell) _____ (work) _____

SWCC Student Email _____ Current GPA _____

Are you a first or second year student? _____ How many credits have you completed? _____

SWCC Academic Major _____ Semester for which you are requesting funds _____

Did you/will you receive PELL funds, or other scholarships 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 need and how it will affect your ability to attend SWCC and how these funds may help alleviate your circumstances. List specific funds needed (tuition, or books.) Attach additional pages if needed.

All information on this application is complete, true, and correct and I am in need of these funds in order to continue my education at Southwest Virginia Community College. Any missing, incomplete, or falsified information may render application void.

Student Signature

Date

STUDENT FINANCIAL INFORMATION

To be completed by the applicant.

Are you currently employed? _____ If so, monthly income: \$ _____ Employer Name: _____

Marital Status: _____ Number of Dependents: _____

Estimated Costs (per month)		Estimated Income (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 Expenses Per Month	\$ _____	Total Income Per Month	\$ _____

COMMITTEE USE ONLY

Request approved for \$ _____

Request denied

___ Funds not available

___ Incomplete application

___ Other: _____

Authorized Signature

Student notified _____ (date)