

# SWCC Connect-Tazewell County Application

All High School graduates 2019 and after, including home school & private school, are eligible to apply.

**\*\*APPLICATION IS DUE BY MARCH 31 FOR THE FOLLOWING ACADEMIC YEAR.\*\***

Updated 02/2021

## Eligibility Conditions:

1. Students must apply for admission to SWCC and meet entrance requirements.
2. Students must complete the Federal Application for Federal Student Aid (FAFSA) in entirety and any verification requirements as communicated by the Financial Aid office.
3. Students must graduate high school with a 2.5 GPA and maintain a 2.5 GPA to retain eligibility.
4. Funds are available for 6 **continuous** semesters following high school graduation, beginning no later than the fall term subsequent to the high school graduation.
5. Students must be a resident of Tazewell County since at least January 1 of their high school graduation year.
6. Complete 1 hour of community service for every \$125 of aid they receive.

\*Students who live outside Tazewell County but qualify for in-state tuition under 30-mile radius are not eligible for this program. Funding is last-dollar and is only available for tuition and books. Funding is contingent on the county budget, set each year by July 1.

Complete this form and submit to the Financial Aid office in Dellinger Hall, room 218 or mail the application to Attention: Financial Aid, PO Box 1101, Richlands, VA 24641.

### STUDENT INFORMATION

Name \_\_\_\_\_  
(First) (Last) (MI) SWCC EMPLID# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
High School: \_\_\_\_\_ SWCC Student Email \_\_\_\_\_

1. I currently plan to enroll in classes in the following year/terms: \_\_\_\_\_
2. Have you graduated from high school? \_\_\_\_\_ If so, list the date (MM/DD/YYYY) \_\_\_\_\_
3. Desired program of study: \_\_\_\_\_

I certify that I am meeting all eligibility requirements stated above and that the above information is true and subject to verification. I understand I will be required to repay any funds disbursed to me if it is later determined that I have provided incorrect information.

By signing this application, I give Southwest Virginia Community College permission to share GPA/performance information with the Tazewell County Board of Supervisors.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### SWCC OFFICIAL USE ONLY

Application Approved \_\_\_\_\_

Request denied

Student notified \_\_\_\_\_ (date)

\_\_\_ Incomplete application

\_\_\_ Doesn't meet requirements

\_\_\_ Other: \_\_\_\_\_

Authorized Signature/Date \_\_\_\_\_ / \_\_\_\_\_