

NEED-BASED EARLY COLLEGE Scholarship Application



All sections of this application must be filled out and signed by the student, their parent or guardian and the high school counselor to be valid and complete. Applications with any missing information will be considered incomplete and will not be processed.

Early College scholarships are limited, and are awarded on a semester basis. A new form must be completed and submitted **each** semester to be considered for a scholarship. Scholarships are limited to a maximum of \$300 (usually two courses per term). To be considered for a Fall semester scholarship, please submit the completed application by June 1; for a Spring semester, please submit by November 1. Summer scholarships are not awarded.

Semester (Please circle only one): **Fall** **Spring** Year _____

STUDENT INFORMATION

WVU Parkersburg ID #: _____

Student Name: _____ Date of Birth: _____

High School Attending: _____ Current Grade Level: _____

Anticipated Graduation Month and Year: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____ Phone #: _____

OPTIONAL: Gender: _____ Select one (or more) of the following that apply to you below.

Caucasian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander Indian or Alaskan Native Asian

STUDENT CERTIFICATION

By signing this application, I certify and agree to the following:

- I certify that all information I have provided is complete and accurate.
- I will acquaint myself with and abide by the student code of conduct and other requirements governing academic and social standards of WVU Parkersburg.
- I understand that I am responsible for all charges incurred by registering as a student and for all charges and fees in collecting any delinquent or outstanding amounts owed to WVU Parkersburg.
- I grant the county school system permission to release my social security number to WVU Parkersburg for record-keeping purposes only.
- I acknowledge that submitting a completed application does not guarantee a scholarship will be awarded to me.

Student Signature: _____ Date: _____

PARENT/GUARDIAN INFORMATION

Relation to Student (Please check only one):

Parent or Guardian

Name (First and Last): _____

Mailing Address: _____

PARENT/GUARDIAN INFORMATION (CONTINUED)

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____ Phone: _____

Select the box, describing your total family income level*: \$0 - \$25,365 \$25,366 - \$38,625 \$38,626+

Provide the number of people who reside in your household*: _____

***Your application will not be accepted without this information. It is required to determine financial need and scholarship eligibility.**

PARENT/GUARDIAN CERTIFICATION

By signing this application, I certify and agree to the following:

- I certify that all information I have provided is complete and accurate.
- I acknowledge that I am the parent or legal guardian of the student named herein.
- I provide my consent for the student to register for courses at WVU Parkersburg.
- I understand and agree that the account for the student's charges will be in the student's and my name, and I agree to pay all charges each semester in accordance with the approved payment process
- I understand that state, federal and WVU Parkersburg payment rules, regulations, and policies apply to the account.
- I understand and agree that failure to pay all accounts due will result in a "HOLD" on the student's records, which may prohibit them from registering for a subsequent semester or requesting a transcript.
- I grant WVU Parkersburg permission to release the grades and attendance records of the student to the county school system.
- I acknowledge that submitting a completed application does not guarantee a scholarship will be awarded to my student.

Parent/Guardian Signature: _____ Date: _____

COUNSELOR CERTIFICATION

By signing this application, I certify and agree to the following:

- I certify that all information I have provided is complete and accurate.
- I confirm the student is a candidate for this need-based financial need scholarship.
- I acknowledge that a submitting a completed application does not guarantee a scholarship award offer to the student.

Counselor Name: _____

Student's Current GPA: _____ High School Name: _____

I have reviewed the student information above and recommend them as a candidate for this need-based financial need scholarship.

Counselor Signature: _____ Date: _____

Remember! The scholarship funds are limited, so please scan and send the completed application via email to mabers@wvup.edu or via mail to WVU Parkersburg ATTN: Michelle Nabers at 300 Campus Drive, Parkersburg, WV 26104.