



CONTINUING STUDENT SCHOLARSHIP APPLICATION

Please complete all information requested.

Last Name First Name MI			Social Security Number:	
Permanent Mailing Address (Street, Apt. No., Post Office Box)			Student ID Number:	
City State ZIP			Date of Birth	
Current Mailing Address (Street, Apt. No., Post Office Box)			Home Telephone	
City State Zip			Work Telephone	
College Major			School Term(s) Applying for:	
Number of College Hours Completed Past Two Semesters			<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer I 20____ <input type="checkbox"/> Summer II 20____	
College Grade Point Average to date:			Expected College Graduation Year	
Are you applying for the renewal of a scholarship you currently have? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of scholarship:				
Are you applying as a West Virginia Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Demographic Information This information will not be used in determining your eligibility for a scholarship; however, it is used to assist in the completion of grants for private, state and federal funds.				
Hometown _____				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Do you have any kind of Handicap or Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Race: <input type="checkbox"/> African American <input type="checkbox"/> America Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White				
Ethnic: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic				
Please include the following information on the back of this application: 1. A brief statement stating why you are applying for a Bluefield State College scholarship. 2. A list of Community Service activities in the past year. APPLICATIONS NOT INCLUDING THESE STATEMENTS WILL NOT BE CONSIDERED.			This completed application form and attachments must be returned before March 15 prior to the academic year for which you are applying. Return to: <div style="text-align: center;"> Bluefield State College Vice President for Student Affairs and Enrollment Management 219 Rock Street Conley Hall Room 312 Bluefield, WV 24701 </div> Call (304) 327-4401 or (304)327-4567 if you have questions.	
The information provided on this application form is true and correct, to the best of my knowledge. I understand this application does not guarantee that I will receive any financial aid. I authorize Bluefield State College to access my student records. In addition, if awarded, I grant permission to BSC personnel to release information on my academic progress to donors.				
Signature _____			Date _____	