Application Deadline
April 23, 2010

Wytheville Community College Scholarship Application

Garnett and Margaret Ager Foreign Language Award
1000 East Main Street
Wytheville, VA 24382

Title: (Mr., Mrs., Ms.)
please circle

1. Name _____
First Middle Last

2. Mailing Address_____
Rt/Box/Street Town/City State Zip

3. Empl ID # _____ Date of Birth_____

4. Home Telephone # _____ Cell # _____

5. Year of High School Graduation _____ WCC Graduation Date_____

6. In what curriculum are you enrolled at Wytheville Community College?_____

7. Do you plan to transfer to a four-year college? ( ) Yes ( ) No
If Yes,
Where do you plan on transferring? _____

In what curriculum will you be enrolling?_____

9. Did you take Foreign Language classes in high school? ( ) Yes ( ) No
If Yes, grade(s) received_____

10. Have you taken any Foreign Language classes at WCC? ( ) Yes ( ) No

11. What is your proposed future occupational or professional field? _____

12. Do you have a completed financial aid file in the Financial Aid Office? ( ) Yes ( ) No

13. Please explain any unusual circumstances that affect your financial need. _____

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I authorize WCC to release grades and financial information to the WCC Financial Aid Committee and authorize the Foundation Office to share application and award information with the Financial Aid Office. I hereby certify that to the best of my knowledge, the information submitted in this application is complete and correct.

_____
Student's signature

_____
Signature of Parent or Guardian (if student is under 18 years of age)