



Wytheville Community College Scholarship Application

TO THE APPLICANT

**This application is for scholarships to be awarded for
Fall Semester 2009 and Spring Semester 2010.
Please do not turn in more than one application.**

The priority deadline for Fall Semester 2009 is June 15, 2009
The priority deadline for Spring Semester 2010 is October 16, 2009

Before submitting your application by **5:00 p.m. on the above deadline**, have you:

- Answered all questions?
- Signed and dated the application?
- If under 18, has your parent or guardian signed your application?
- Completed your application essay?
- Completed your 2009-2010 FAFSA (Free Application for Federal Student Aid) and **verified** that you have a complete Financial Aid file with the Financial Aid Office?

Mail your application to:
Wytheville Community College
Educational Foundation Office
1000 East Main Street
Wytheville, VA 24382

Or return your application to:
Wytheville Community College
Educational Foundation Office
Smyth Hall 147

If you have questions, please call the
WCC Educational Foundation Office at 276-223-4771,
or 1-800-468-1195, extension 4771.

11. In what curriculum are you enrolled or do you plan to enroll?

 Name of Academic Program

12. What is your anticipated WCC graduation date? _____

Month

Year

13. Are you currently or have you ever been employed by either of the following:
(Please check all that apply)

<i>Currently Employed</i>		<i>Formerly Employed</i>	
<input type="checkbox"/>	Wythe County Community Hospital	<input type="checkbox"/>	Wythe County Community Hospital
<input type="checkbox"/>	Smyth County Community Hospital	<input type="checkbox"/>	Smyth County Community Hospital

Circle One

Yes No 14. Are either of your **parents** employed at General Injectables and Vaccines at the time of application?

If yes, provide the employee's name. _____

Yes No 15. Are either of your **parents** employed at Longwood Elastomers (formerly Aeroquip Corporation) at the time of application?

If yes, provide the employee's name. _____

Yes No 16. Do you have a family member employed at Quadrant Engineering Plastic Products (formerly DSM Engineering Plastic Products)?

If yes, provide employee's name and relationship.

Name Relationship (Ex. mother, father, aunt, uncle)

Yes No 17. Are you related to a member of the Wytheville Ladies Ruritan Club?

If yes, provide employee's name and relationship.

Name Relationship (Ex. mother, father, aunt, uncle)

Yes No 18. Are either of your **parents** employed at Wytheville Community College as a classified employee?

If yes, provide employee's name. _____

Circle One

- Yes No 19. Are you currently enrolled in a Junior ROTC Program or have you completed a Junior ROTC Program at a Wythe County High School?
If so, what year? _____ What High School? _____
- Yes No 20. Did one or both of your parents or grandparents graduate from Wytheville Community College?
If yes, please name(s). _____
- Yes No 21. Did one or both of your parents or grandparents attend any other college or university?
- Yes No 22. Do you plan to transfer to a four-year college?
- Yes No 23. Do you plan to pursue the study of a foreign language at a four-year school?
- Yes No 24. Do you plan to teach English?
- Yes No 25. Do you plan to be a chiropractor?
- Yes No 26. Are you from a farm family?
If yes, did your family grow tobacco?
- Yes No 27. Do you plan to work in the Wytheville area after graduation from WCC?
- Yes No 28. Are you a Veteran or a child of a Veteran?
If yes, honorably discharged?
- Yes No 29. Are you hearing impaired?
If yes, is the Office of Student Services aware of your hearing impairment?
(You MUST be registered with Student Services to qualify.)
- Yes No 30. Do you now receive or have you ever received Social Security Benefits?
- Yes No 31. Do you now receive or have you ever received Supplemental Security Income?
- Yes No 32. Are you a relative of anyone who attended the Wytheville Training School?
(Former school for African-American students from 1883-1951)
If yes, provide relative's name and relationship.

Full Name (maiden name if applicable) Relationship (Ex. mother, father, aunt, uncle)

33. Application Essay

Please **type** an essay and **staple** securely to the back of this Scholarship Application. Please use the essay section to tell the WCC Financial Aid Committee about yourself. **To help ensure fairness, essays are reviewed anonymously; therefore, please do not include your name or signature anywhere on the essay page. The application essay should be no longer than one page in length.**

You may include any of the following in your application essay:

- Educational and Career Objectives: Proposed future occupational or professional field and continuing educational goals (if now known) and how the scholarship will help you achieve your goals.
- Financial Need: Please explain any unusual circumstances that affect your financial need.
- If you have completed a semester at Wytheville Community College, please list any honors or awards you have received and/or extracurricular activities you have participated in while a student at WCC.

I authorize WCC to release grades, other academic information, 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 authorize the WCC Foundation Office to verify information contained in this application.

I hereby certify that, to the best of my knowledge, the information submitted in this application is complete and correct.

Student Signature

Date

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

Date