



Winston-Salem State University National Alumni Association
SCHOLARSHIP APPLICATION FORM
Application Deadline: March 15

Sheet 1 of 3

New Student ____ Current Student ____ Former Student ____

Name: _____

Permanent Home Address: _____
 (Street) (City) (State) (Zip Code)

Local Address (College): _____
 (Street) (City) (State) (Zip Code)

Last four digits of Social Security Number: _____ Home Phone Number: _____

Student Telephone Number: _____ Student Banner Number _____

Academic Year for which WSSU National Alumni Scholarship is needed: _____

I expect to enroll in the: Fall ____ Spring ____ Summer ____ Gender: Male ____ Female ____

Name of Parent(s) / Guardian / Spouse: _____

Address of Parent(s) / Guardian / Spouse: _____
 (Street) (City) (State) (Zip Code)

Did parent/guardian/spouse attend/graduate from WSSU? Yes__ No ____ If yes, give date if possible____

Is he/she currently a member of the National Alumni Association? Yes____ No ____

Occupation of parent(s) / guardian / spouse: _____

Give total family income for yourself / parent(s) / guardian / spouse: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes ____ No ____

If yes, please explain: _____

Note: A conviction will not necessarily disqualify you for consideration.

High school, preparatory school or college last attended: _____

Address: _____ Name of Principal: _____

1. Please attach a typed list of awards, honors, recognitions, club memberships, and community activities to this sheet.
2. Please attach a minimum two-page double-spaced typewritten essay about yourself, why you are applying for the WSSU National Alumni Association Scholarship, your future aspirations and your expectations from WSSU.
3. Include two recommendations with this application. If you are a recent high school graduate or a transfer student, one recommendation must come from a teacher, and the other recommendation may come from someone in the community such as a pastor, an employer, etc. List here the names and addresses of the persons whom you asked to recommend you.

Name: _____ Address: _____

Name: _____ Address: _____

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RECENT GRADUATES:

SAT Scores: Highest Math _____ Highest Verbal _____ Date taken: _____

ACT Score: _____ Date taken: _____

Class Rank: _____ Number of students in graduating class _____

GPA: Weighted: _____ Unweighted _____

*** Include one original copy of **your transcript** from high school, preparatory school, or college with this application.

I authorize the WSSU Admissions Office, Registrar's Office, Business Office, Financial Office or any other pertinent office(s) needed to provide the WSSU National Alumni Association with information that will aid in determining consideration/ allocation of an Alumni Scholarship for me.

Applicant's Name _____

Applicant's Signature: _____

Parent(s) Signature: _____

Winston-Salem State University National Alumni Association does not practice nor condone discrimination in any form against students, employees or applicants on the basis of race, color, national origin, religion, sex, age or handicap

Mail completed application and all other pertinent information to:

WSSU National Alumni Association
Attention: Scholarship Committee
S. G. Atkins House
601 S. Martin Luther King Jr. Drive
Winston-Salem, NC 27110



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COUNSELOR'S RECOMMENDATION

Applicant's Name: _____

Counselor's Recommendation: Superior ____ Above Average ____ Average ____
Not Recommended _____

Counselor's Comments:

Counselor's Signature: _____ Date: _____

The counselor may place this form in a sealed envelope and give it to the applicant or mail this page separately to:

WSSU National Alumni Association
Attention: Scholarship Committee
S. G. Atkins House
601 S. Martin Luther King Jr. Drive
Winston-Salem, NC 27110

For WSSU National Alumni Association Scholarship Committee Use Only

Date Approved: _____

Scholarship Amount: _____

Date Denied: _____

Reason for Denial: _____

First -time Applicant: _____

Renewal: _____