



**Winston-Salem State University National Alumni Association  
SCHOLARSHIP APPLICATION FORM  
Application Deadline: March 15 (each year)**

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 ID** \_\_\_\_\_

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: \_\_\_\_\_

Number in the household\_\_\_\_\_ Number in college\_\_\_\_\_ Number in high school \_\_\_\_\_

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.



# Winston-Salem State University National Alumni Association SCHOLARSHIP APPLICATION FORM

**Application Deadline: March 15 (each year)**

3. Include one original copy of **your transcript** from high school, preparatory school, or college with this application.
4. Submit a copy of your financial aid award letter.
5. 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: \_\_\_\_\_

## RECENT HIGH SCHOOL GRADUATE:

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.



**Winston-Salem State University National Alumni Association  
SCHOLARSHIP APPLICATION FORM  
Application Deadline: March 15 (each year)**

**COUNSELOR'S RECOMMENDATION**

**Applicant's Name:** \_\_\_\_\_

Counselor's Recommendation: Superior \_\_\_\_ Above Average \_\_\_\_ Average \_\_\_\_  
Not Recommended \_\_\_\_\_

Counselor's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The high school counselor may email the recommendation to: [scholarships@wssunaa.org](mailto:scholarships@wssunaa.org)

For WSSU National Alumni Association Scholarship Committee Use Only

Date Approved: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

First -time Applicant: \_\_\_\_\_ Renewal: \_\_\_\_\_