



Winston-Salem State University National Alumni Association
SCHOLARSHIP APPLICATION FORM
Application Deadline: November 20, 2020

New Student _____ Current Student _____ Former Student _____ **Date** _____

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



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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.

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, North Carolina 27110 OR**

Email completed application and all other pertinent information to Scholarship@wssunaa.org



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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 high school counselor may email the recommendation to: scholarship@wssunaa.org

For WSSU National Alumni Association Scholarship Committee Use Only

Date Approved: _____ Scholarship Amount: _____

Date Denied: _____ Reason for Denial: _____

First -time Applicant: _____ Renewal: _____