



Classified Staff Scholarship Application

Today's Date: _____

Name: _____
First Middle Last

Employee # _____ Telephone: () _____

Address: _____

Employment Status: Full Time Hire Date: _____
 Part Time Department: _____

Program/Course Status: Degree Program-UVa-Wise
 Non-Degree Program/Course Offering--(must be work related)

Term applying for: Fall 200?
 Spring 200?
 Summer I 200?
 Summer II 200?

List course(s) to take: _____

Approved By: _____
Supervisor's Signature

Have you applied for or are you planning to apply for: Financial Aid
 Student Loans
 Tuition Waiver

Current GPA: _____

I understand that continued eligibility of this scholarship is contingent upon satisfactory completion of enrolled course work and that I must maintain at least a 2.5 GPA to be eligible for further consideration of this scholarship. I understand that I must have my supervisor's signature to verify a non-degree course as work related. Furthermore, I also understand that I must re-apply annually by April 1 for the Fall Semester and by October 1 for the Spring Semester and Summer Sessions to be considered for this scholarship.

Employee Signature

Date

