



2018-2019 Scholarship Application

Name: _____ Student Banner ID: _____

Permanent Address: _____ Permanent Phone #: _____

_____ Cell Phone #: _____

University Email Address: _____

Personal Email Address: _____

Student Status (please check one): Prospective _____ Returning _____

Ethnic Background (optional): _____

University or Community Clubs and Organizations (optional): _____

I hereby acknowledge that the above information is accurate and complete to the best of my knowledge. I also allow the release of my total number of accumulated credits, my GPA, my program of study, my major, whether I have a demonstrated financial need as determined by a processed FAFSA or by a documented financial explanation, and any other information deemed necessary for a scholarship selection to the appropriate scholarship committees.

I also acknowledge that donors of scholarships may want to have information about recipients and that if I am selected as such, the information I provide in this application as well as the information released to the scholarship committee may be given to the donor.

I agree to abide by the provisions attached to any Western Connecticut State University Foundation or WCSU scholarship award if I am selected. I also understand that if selected for a scholarship that requires additional information (writing sample, community service activities, etc.), I will provide this information prior to disbursement of the scholarship. I plan to attend WCSU during the semesters in which the scholarship will be issued. I understand that scholarships are awards that will be distributed in two equal parts during the fall and spring semesters as long as I continue to meet the criteria of the scholarship.

I also agree that if selected to receive a scholarship whose donor is active, I will write a thank you letter to the donor within 4 weeks of the award notification. Further, I understand that all future correspondence regarding this application and scholarship award will be through my university e-mail address.

_____ By acknowledging this statement, I have read and understand the responsibilities and possible disclosures listed above.

Signature

Date

Deadline: Please complete this application and return by March 2, 2018 to Nancy Barton, Coordinator of Institutional Advancement, University Hall 106, Western Connecticut State University, Danbury, CT 06810.