SWV 2020 Local Scholarship Application

Name:			_ Birthdate:	
Address/City:			···································	Age:
Parent(s)/Guardian(s):				
Number of Siblings:		Ages:		
Class Size: Rank:	_ Cum. GPA:	ACT:		
College/University/Institution planning on attending:				
Have you been accepted:	Area of Study: _			
Estimated Yearly Cost of Attendand	ce:			
Tuition:	_ Room/Board:		Books/Others:	
Please list any other sources of financial aid you know you will be receiving:				

Essay Portion Instructions for Scholarships Listed Below:

To complete this application please attach a one-page statement about your self. Include information about you, your family, academics, school, community activities, work experience, college and career plans. In addition, follow any additional or specific instructions for each of the individual scholarships you wish to be considered for.

Essay should be typed, single-spaced, and please use 10 or 12 point font. The essay should be attached to the application page and returned by the due date for each individual scholarship.