Staff Scholarship Application

Name:	Employee Number:		
Address:			
Telephone Number:	Department:	:	
Employment Status: Full-tin	me Part-time	Hire Date:	
	on-Degree Program/Course ust be work related) ourse Books		
List of Courses to Be Taken:			
1		Location:	
2		Location:	
3		Location:	
4		Location:	
Have you applied or are you plan		ncial Aid Current GPA: cational Benefit	
For the semester you are applyin	g, what will your student sta	atus be? Full-time Part-time	
Have you applied for the Classifie If yes, did you receive the scholar		ast? Yes No If yes, what year?	
* * * * * * * * * * * * * * * * * * * *	Why are you applying for thi	lication containing a maximum of 500 is scholarship? How will this course(s)	
Please list any further information your accomplishments.	which you feel the scholarsh	ip committee should know about you or	

I understand that eligibility of the Classified Staff scholarship is contingent upon satisfactory completion of enrolled coursework through The University of Virginia's College at Wise; in addition, 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 for each semester I desire to be considered for this scholarship.

Employee Signature:	Date:
Supervisor Signature:	
Staff Council Chair Signature:	
HR Director Signature:	<u>-</u>
Financial Aid Director Signature:	