

Scholarship Application



WASHINGTON UNIVERSITY of VIRGINIA

Student ID	Name	Program
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DOB (mm/dd/yy)	E-mail	Contact Number
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1. Applicant Type _____ Semester

One or more of your immediate family members register as full time students (each student is awarded the scholarship)
Name(s): _____

A full time or full-time equivalent faculty or staff who has worked at WUV for more than 6 month

An ordained pastor

An immediate, unmarried family member of an active pastor who is under 30 years of age or a spouse

An active missionary or someone who has spent more than 7 years on missions

Other _____

2. Submitted Documents

Transcript Certificate of family relationship Certificate of ordainment or missionary Recent weekly church bulletin

Resume (1st time only) Other _____

3. Scholarship Regulations (Merit requirement : full time student & required GPA)

Applicants must submit the appropriate scholarship application with required documents before the applicable semester begins.
Applicants must follow the WUV scholarship policies and procedures each semester.
The scholarship is only valid for one semester. Applicants must apply each semester (even if it is the same type of scholarship).
If the applicant does not complete the applicable semester, the scholarship will be voided and must be returned (if awarded).

I have read and I agree with the notice above.

Applicant signature (required) _____ Date _____

OFFICE USE ONLY

Scholarship Chairman Signature _____ Date _____