



POST OFFICE BOX 286 • BEAVER, WV 25813

Merit Scholarship Award Program Application Form

This form and all accompanying required application materials must be submitted no later than March 31.

Applicant Information:

Name: First _____ (MI) ____ Last _____

Date of Birth: _____

Home Address: Street _____

City _____ State _____ Zip _____

Phone: Home: _____ Mobile _____

Personal email: _____

High School Attended: _____

High School Graduation Date: _____

Do you currently have a college degree? ___Yes ___No If yes, ___Associate ___Bachelor

Have you previously been awarded any other scholarships? If yes, please list them below:

Scholarship _____ Amount _____ Full or Partial? _____

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Academic Institution Information:

College of Enrollment: _____

College Address: Street _____

City/State/Zip _____

College website: _____ College phone: _____

Intended Degree & Major: _____

Date of Enrollment: _____ Semester Start Date: _____

Make award check payable to: ___ Applicant ___ Academic Institution

If payable to Applicant, Signature required: _____

If payable to Institution, provide business/financial office address:

Foundation use only:	Date Reviewed: _____	Program Start Date: _____
	Approved by: _____	Title _____