KVCC
Financial Aid Office

Scholarship Application

Indicate Name of Scholarship You Are Applying For

Last Name _____ First Name _____

Valley ID # V_____ Phone _____ Birth Date _____

Address _____

Program of Study _____ Year in College: 1 ☐ 2 ☐

Are you currently employed? Yes ☐ No ☐ Employer Name: _____

Office Use Only: GPA _____ Credits Currently Enrolled _____ Credits Completed _____

Please tell us about yourself, participation in extra-curricular college activities, community involvement, work experience, career goals, interests, and specifically why you are applying for this scholarship. It is strongly recommended that you type your application; however, this is not required. Attach separate sheet if necessary.

Please make sure your application is signed. By applying for this scholarship, you are authorizing the Financial Aid Office at KVCC to release any and all academic and financial aid information to the donors of this scholarship, as well as the members of the Scholarship Review Committee.

Signature _____ Date _____

We encourage you to become familiar with KVCC's Valley Information Portal (VIP) system. This will enable you to check your financial aid information periodically through VIP for any changes to your financial aid eligibility.

Kalamazoo Valley Community College
Financial Aid Office — Texas Township Campus — Room 4530 — 6767 West O Avenue
P.O. Box 4070 — Kalamazoo, MI 49003-4070 — Phone: 269-488-4340 — Fax: 269-488-4120
E-mail address: finaid@kvcc.edu — Web site: www.kvcc.edu