

Kalamazoo Valley Community College

Mascot Scholarship Application

Student Name: _____ Valley ID # V00 _____

Phone _____ Date of Birth _____

Semester to be Awarded _____ Enrollment Status (6 credit hour minimum per semester) _____

By accepting this scholarship, I agree to the following:

- Being available for mascot appearances on and off campus as a representation of Kalamazoo Community College. Appearances include but are not limited to community festivals, local K-12 school appearances, campus athletics events, and student engagement on any of the Kalamazoo Valley Community College campuses.
- I will share the responsibility with another student over the course of the fall and winter semesters.
- I will have summer semester availability.
- I will not disclose the fact that I am the mascot to anyone until communicated by college administrators.

Student Signature: _____ Date: _____



Kalamazoo Valley Community College

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