κνcc Scholarship Application

Indicate Name of Scholarship You Are Applying For

Last Name	First Name			
Valley ID # V00	Phone	Birth Date		
Address				
Program of Study		Year in College: 1 🗆 2 🗆		
Are you currently employed? Yes	No Employer Na	ame:		
Office Use Only: GPA	Credits Currently F	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.

gnature		Date	
ignature			
ase log in to your My Valley account to che	eck your financial aid eligi	bility.	



Kalamazoo Valley Community College Financial Aid Office — Texas Township Campus — Office # 9210 6767 West O Avenue — P.O. Box 4070 — Kalamazoo, MI 49003-4070 Phone: 269-488-4340 — Fax: 269-488-4120

www.kvcc.edu/financial finaid@kvcc.edu