

WINSTON SALEM CHAPTER OF WSSU NATIONAL ALUMNI ASSOCIATION

SCHOLARSHIP APPLICATION

"Enter to Learn, Depart to Serve"

RETURN COMPLETED APPLICATION TO: WSCScholarship20@gmail.com:

April 11, 2025 by 11:59PM

A one-time \$1,000 scholarship will be awarded to a graduating public or private high school senior. Enrollment at Winston-Salem State University as a full-time degree seeking student during the 2024-2025 academic year with a minimum 2.8 grade point average is required. Applicants must reside in one of the following counties: Davie, Davidson, Forsyth, Stokes, Surry, and Yadkin. Interviews will be conducted via Zoom for final candidates.

PLEASE TYPE OR PRINT LEGIBLY.

First Name	Middle Name	Last Name
Mailing Address (Street)	City	Zip
Cell Phone Number	Email Address	
Last 4 of Social Security Number	WSSU Banner ID	
High School		
Parent Name(s)		
Are you a WSSU Legacy? Name: Relationship:	Yes _____	No _____



ALL ITEMS BELOW ARE REQUIRED "EMAIL" FOR A COMPLETE APPLICATION.



__ High School Transcript Email to WSCScholarship20@gmail.com	__ Typed essay. Include why you are applying for scholarship, why you should be selected, your educational and career aspirations and how funds will further your education (one-page minimum)
__ SAT/ACT Scores	__ Typed list of high school and community activities, include name of organization, offices held and dates of participation
__ Teacher recommendation letter __ Counselor recommendation letter	__ Senior Photo or Snapshot
__ WSSU Acceptance Letter	__ Parents Information

Disclosure Statement:

I hereby certify to the best of my knowledge that all information provided in this application is accurate and true. I am prepared to provide additional documentation, if requested. I further understand that awards are based upon available funding and are not guaranteed.

Student Signature: _____ Date: _____
Parent Signature: _____ Date: _____

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INFORMATION TO BE FILLED OUT BY GUIDANCE COUNSELOR



Counselor's Recommendation:		
Superior	Average	Not recommended
Award Date and Time Counselor's Comments		
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Counselor's Signature: _____		Date: _____
Award Date and Time		

DIRECT QUESTIONS TO: KATRINA GRANT

(336) 655-7693