

WINSTON SALEM CHAPTER OF WSSU NATIONAL ALUMNI ASSOCIATION

SCHOLARSHIP APPLICATION

"Enter to Learn, Depart to Serve"

APPLICATION DEADLINE: April 12, 2024 by 11:59PM

A one-time scholarship will be awarded to a graduating public or private high school senior who enrolls at Winston-Salem State University as a full-time degree seeking student during the 2024-2025 academic year 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 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 PARENT ☺☺☺

Number of family members staying in residence		
Father's (Guardian) Name:	First Name:	Last Name:
Mother (Guardian)Name	First Name	Last Name:
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		

RETURN COMPLETED APPLICATION TO: WCScholarship20@gmail.com **April 12, 2024**
by 11:59PM

DIRECT QUESTIONS TO: KATRINA GRANT (336) 655-7693