## WINSTON-SALEM STATE UNIVERSITY

## Atlanta Alumni Chapter

## SCHOLARSHIP APPLICATION FORM

**Alumni Child Applicant Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name** **Last Name**

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**Permanent Address (Number, Street, City, and Zip Code)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Address (Number, Street, City, and Zip Code) If Applicable**

**Home Phone Number:** ­­­­­­­­­­ ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Enrollment @ WSSU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alumni Chapter Parent Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name** **Last Name**

**Years of Membership in Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Chapter Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School or preparatory school last attended and Date of Graduation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit all completed scholarship applications to:**

**WSSU Scholarship Committee, P.O. Box 957811, Duluth GA, 30095**

**Or Email to** **Atlwssualumni@gmail.com**

**By signing the application, I attest to the Scholarship Committee of the Atlanta Alumni Chapter that the information is accurate to the best of my knowledge.**

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Signature Date