



Office of Student Financial Aid  
P.O. Box 9031  
Petersburg, VA 23806

2025-2026

## APPLICATION FOR SCHOLARSHIPS

This application is for a merit-based scholarship award from Virginia State University only. All information provided must be current. Students should complete the Free Application for Federal Student Aid (FAFSA). The student must be a **returning undergraduate** with a **minimum cumulative GPA of 3.00** and enrolled **full-time** to receive this University Scholarship. (New students may receive a merit scholarship(s) through our Admissions Office and are not eligible for the University Scholarship. In addition, students that receive the Presidential and/or Provost Scholarship are not eligible for the University Scholarship.) *Incomplete applications will not be processed.*  
**Deadline to submit Merit-Based Scholarship Application is May 31, 2025.**

Scholarship Type: ☐ University ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_ SS # (Last 4 Digits): \_\_\_\_\_ V# \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Local or Cell Phone #: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Male Female

Citizenship ☐ U.S. Alien Registration # \_\_\_\_\_  
☐ Other \_\_\_\_\_

Indicate your enrollment status: Full-time (12 hrs. or more) Part-time (11 hrs. or less)

Classification: Freshman Sophomore Junior Senior

Major: \_\_\_\_\_ Department: \_\_\_\_\_

Provide a Departmental Reference:

Name \_\_\_\_\_ Department \_\_\_\_\_ Telephone # \_\_\_\_\_

**I understand that submitting this application does not guarantee a scholarship. Receiving this scholarship is contingent on funding availability. I certify that the information provided is true.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

<u>2025-2026 Award Period</u>	<u>Academics</u>
Budget _____	Cum GPA _____
Award _____	Classification _____
Remaining Need _____	Reviewed By: _____ Date: _____