



Office of Student Financial Aid  
 P.O. Box 9031  
 Virginia State University, VA 23806

**LIFTS**

2021-2022

**PROGRAM SCHOLARSHIP APPLICATION**

This application is for a merit-based scholarship award from Virginia State University. The Virginia State University's Low Income Families with Talented Students (LIFTS) Program seeks to provide access to academically talented students. An applicant's family **requirements are as follows:**

- Applicant must be selected as a Presidential, Provost or University Scholar.
- Applicant must complete the Free Application for Federal Student Aid (FAFSA) on/or before the priority deadline date of March 31<sup>st</sup> of each year.
- New applicants or entering freshmen must accept their official admission to the University on or before June 1<sup>st</sup>.
- All applicants must be full time, maintain a 3.00 or higher Cumulative Grade Point Average (GPA) and earn 30 credit hours per academic year.
- Applicants must complete and submit the VSU LIFTS Application before April 30, 2021.  
*(Incomplete applications will not be processed.)*

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

Scholarship Type:  Presidential  Provost  University  Other \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

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

Classification:  Freshman  Sophomore  Junior  Senior

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

**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**

Budget _____	CGPA _____ Hours Earned _____
EFC _____	Major _____ Class _____
Award _____	LIFTS Award \$ _____
Remaining Need _____	Reviewed By: _____ Date _____
Income _____ Household Size _____	