Human Services / Education Scholarship Application Form

This scholarship is only available for college sophomores, juniors and seniors.  

Application must be completed to be considered for a scholarship.  

Name:  
_________________________________________________________________________________________  

Home Phone: (  )______________________ Work Phone: (  )______________________ Other: (  )______________________  

Email:  
_________________________________________________________________________________________  

School Address:  
_________________________________________________________________________________________  

Home Address:  
_________________________________________________________________________________________  

Birth Date: _______ / _______ / _______  How long have you lived in West Virginia? ________________________________  

College/University attending:  
_________________________________________________________________________________________  

Major:  
_________________________________________________________________________________________  

Year in school:  
____________________________________  

Cumulative grade-point average: ___________ Full- or part-time student? _______________ Expected date of graduation: _______________  

Complete the following information.  

☐ Dependent  ☐ Independent  Estimated annual income (parent income if a dependent):  

Marital Status:  ☐ Married  ☐ Separated  ☐ Divorced  ☐ Single  

Spouse's name:  
_________________________________________________________________________________________  

Occupation:  
_________________________________________________________________________________________  

Approximate length of time employed:  

Parent(s) or Guardian's name:  
_________________________________________________________________________________________  

Occupation:  
_________________________________________________________________________________________  

Approximate length of time employed:  

Occupation:  
_________________________________________________________________________________________  

Approximate length of time employed:  

List other financial aid you receive (e.g., scholarships, aid, loans, etc.)  

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Received</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

– Continued –
Applicant’s work experience.

Past employer(s) or attach employment resume: Dates employed:

___________________________________________________________________________________________        _______________________________________  

___________________________________________________________________________________________        _______________________________________  

___________________________________________________________________________________________        _______________________________________  

___________________________________________________________________________________________        _______________________________________  

Current employer:  

______________________________________________________________________________________________________________  

Hours worked per week: ___________________________ Hourly wage: ___________________________  

What interests you in this scholarship? ____________________________________________________________  

_______________________________________________________________________________________________________________________________  

_______________________________________________________________________________________________________________________________  

_______________________________________________________________________________________________________________________________  

What are your specific career plans? _______________________________________________________________  

_______________________________________________________________________________________________________________________________  

_______________________________________________________________________________________________________________________________  

Is there anything else we should know when considering your application? ____________________________  

_______________________________________________________________________________________________________________________________  

_______________________________________________________________________________________________________________________________  

Application deadline is April 1.

Please enclose three letters of reference and your college transcript of work completed to date, and mail to:

CEOS HSE Scholarship  
c/o WVU Extension FCD  
P.O. Box 6031  
Morgantown, WV 26501

West Virginia CEOS is supported by the WVU Extension Service Family and Community Development

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, WVU is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal of retaliation for prior civil rights activity. Reasonable accommodations will be made to provide this content in alternate formats upon request. Contact the WVU Extension Office of Communications at 304-293-4222. For all other ADA requests, contact Division of Diversity, Equity and Inclusion at diversity@mail.wvu.edu.