Loyalty Permanent Endowment Fund Application

WVU Alumni Association, Erickson Alumni Center
P. O. Box 4269, Morgantown, WV 26504
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E-mail: zibowers@mail.wvu.edu

(Deadline – March 1, Annually)

Please read the instructions carefully, & type or print to speed the processing of your application.

1. Name:________________________________________ (Last) __________________________ (First) ______________________ (Middle)

2. WVU Student Identification Number __________________ Date of Birth ______ / ______ / ______ Month/day/year

3. Male______ Female______ Marital Status_______. If married, no. of dependents ______

4. Permanent Address ____________________________________________________________
   No. Street City State Zip County

5. Permanent E-Mail __________________________ Cell Phone __________________________

6. Morgantown Address __________________________________________________________
   Street Apt. No. City State Zip

7. Are members of your family WVU students or alumni? Yes ____ No _____ Year ______

8. Are you a resident of West Virginia? Yes ______ No. ______

9. From what secondary school did/will you graduate? ________________________________
   City State Zip Telephone Principal County

10. Are you currently enrolled as a student at WVU? Yes _____ No. ______ If yes, GPA ______

11. Have you attended any college or University? Yes _____ No ______ If yes, Hours Attempted ______
    Where ________________________ Year __________________

12. When do you wish to enter WVU? 1st Sem. (Aug) ______ 2nd Sem (Jan.) ______ Summer ______

13. Do you expect to become a candidate for a degree at WVU? _________ Major ____________

14. What do you consider your career objective? (Ex: Teacher, M.D., etc.) __________________________

15. Name of parents or guardian ____________________________ 16. Occupation ___________________
17. Address of Parent or Guardian (if not the same as permanent address) ________________________________________________________
   Street                      City                     State                  Zip

   Phone __________________________________ E-mail __________________________________

18. Number of other children in family (living at home) ____________________________________________________________

19. Total family income (before taxes) $0 - $50,000 __________ $50,000- $75,000 __________

   $75,000 - $100,000 __________ Over $100,000 ________________

20. Extracurricular activities in which you participated while in high school or college:

   Athletics (sport) ________________________ Clubs ________________________________

   ____________________________________________________________________________

   Awards _________________________________________

   ____________________________________________________________________________

   Student Government ___________ Band ________________________________

   Other ________________________________

   ____________________________________________________________________________

21. ACT/SAT Score ________________________ 22. Current GPA ______________________

23. Class Standing (if applying as a high school senior) ____________________________________________________________

24. Have you applied for financial aid: ______ Type ________________ Amount ______________

25. Briefly, state your reasons for seeking a Loyalty Permanent Endowment Fund Scholarship:

   ____________________________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

   ____________________________________________________________________________

   Applicant’s Signature _____________________________  Date: _________________________

Note: Submitting an application for the Loyalty Permanent Endowment Fund Scholarship does not guarantee being awarded a scholarship.