Loyalty Permanent Endowment Fund Application

WVU Alumni Association, Erickson Alumni Center
P. O. Box 4269, Morgantown, WV  26504
Phone: 304-293-4731
E-mail: kberry@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.