

Office of the Registrar  
Bluefield State University  
219 Rock Street  
Bluefield, West Virginia 24701

Alumni  
Scholarship Application

The Bluefield State University Alumni Association, Inc. supports the mission of the institution by providing students who demonstrate scholastic achievement and evidence of need of financial assistance, an affordable education in a caring environment.

Alumni Scholars will be required to maintain an **overall (to include all grades)** grade point average of 2.50. Alumni Scholars must be enrolled as full-time students carrying a minimum of 15 semester hours per semester. The progress of the alumni scholar will be reviewed at the end of each semester by the Alumni Association's Scholarship Committee. These scholarships may be renewed annually for up to four years depending upon established criteria are met.

The deadline for submitting all application materials is April 1<sup>st</sup>. Notices of initial awards will be made in May of each year.

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## APPLICATION PROCEDURES

**FIRST-TIME APPLICANTS:** (those students applying for the scholarship for the first time)

1. Complete the Alumni Scholarship Application Form legibly.
2. Compose an **ESSAY** of between 250 and 500 words (typewritten) on one of the following topics:
  - Share an experience which allowed you to develop an awareness of your academic capabilities.
  - Relate your interest in studying at Bluefield State University to your future goals.
  - Reflect your personal point of view on your **most significant challenge or accomplishment** and its value to your life.
  - Explain what you have done to make your community a better place to live. Give examples of specific projects in which you have been involved over time.
3. Attach high school transcripts (if first time applicant) or college transcripts to the application.
4. Attach three recommendations forms.

- Students must have at least one recommendation from an alumnus if you are a college student.
- Two recommendations if you are a high school graduate only.

**FILL OUT THE APPLICATION IN ITS ENTIRETY**

Return all necessary materials by April 1<sup>st</sup> to: Office of the Registrar

Bluefield State University

219 Rock Street

Bluefield, WV 24701

Applications **after** the deadline or incomplete applications will not be accepted.

FIRST-TIME APPLICANT

Bluefield State University

Alumni Association, Inc.

## Alumni Scholarship Application Form

**Instructions: Please read** all questions before attempting to answer them. Type or print (in ink) answers to all the blanks on this application and return to the Office of the Registrar, Bluefield State University, 219 Rock Street, Bluefield, WV 24701 by April 1<sup>st</sup>. Incomplete or late applications will not be accepted.

Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Telephone Number where you can be reached \_\_\_\_\_

Email address \_\_\_\_\_

BSU Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Years employed there \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_ Years employed there \_\_\_\_\_

Total Amount Family Income \$ \_\_\_\_\_

Number of children living at home dependent upon the Family Income? \_\_\_\_\_

Number of dependents presently enrolled in college? \_\_\_\_\_

Name of High School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Principal \_\_\_\_\_

GPA \_\_\_\_\_

What awards have you received \_\_\_\_\_

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List the school activities in which you are/have been involved (clubs, organizations, offices)

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In what community activities organizations are you involved (church, "Y", etc, offices held)?

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What are your hobbies or special creative interests? \_\_\_\_\_

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What special talents do you possess (in the arts, athletics, and academics)?

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List the names and phone numbers of two references or an appropriate body to document your degree of proficiency in your talent:

1. \_\_\_\_\_
2. \_\_\_\_\_

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Expected College Major/Career Occupational Goals

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**References** (Give the names and addresses of the three/two persons whom you have asked to recommend you for the Alumni Scholarship. At least one reference shall be an alumnus (if applicable) not for high school graduates.

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I have read the regulations on page two of this nomination form and accept nomination for the Bluefield State University Alumni Association, Inc. Scholarship under the conditions stated therein, I authorize the release to the award committee any information held by College Officials, and Others, to include but not limited to personal evaluations and transcripts. I understand that the providing of fraudulent information disqualifies me as an applicant for this scholarship.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_