

Recent Graduates: INFORMATION TO BE FILLED OUT BY HIGH SCHOOL GUIDANCE COUNSELOR:

SAT or ACT Scores: Date taken: _____ Highest Math _____ Highest Verbal _____

Class Rank: _____ GPA: _____

Counselor's Recommendation: Superior _____ Average _____ Not Recommended _____

Counselor's Comments:

*****Include one certified copy of your transcript from high school, preparatory school, college, and/or university with this application.**

I authorize the WSSU Admissions Office, Registrar's Office, Business Office, Financial Office or any other pertinent office(s) needed to provide the WSSU National Alumni Association Scholarship Committee with information that will aid in determining consideration/allocation of an Alumni Scholarship for me.

Applicant's Signature: _____

Parent/Guardian/Spouse Signature: _____

Counselor's Signature: _____ Date: _____

WINSTON-SALEM STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION DOES NOT PRACTICE NOR CONDONE DISCRIMINATION IN ANY FORM AGAINST STUDENTS, EMPLOYEES OR APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX AGE OR HANDICAP.

Mail completed form to:
WSSU National Alumni Association
Attention: Scholarship Committee
Alumni House
Winston-Salem, NC 27110

For WSSU National Alumni Association Scholarship Committee Use Only

Type of Scholarship

Children of WSSU National Alumni Association

WSSU Alumni

WSSU Student at large

Date Approved _____ Scholarship Amount _____

Date Denied _____ Reason for Denial _____

First-time Application ___ Renewal ___