



The Southwest Virginia Alliance for Manufacturing, Inc.
Manufacturing Related Scholarship

APPLICATION DEADLINE IS MARCH 31, 2017, by 5:00 pm

Return to: The Southwest Virginia Alliance for Manufacturing, Inc.
851 French Moore Jr. Blvd.
Abingdon, VA 24210
Fax: (276) 698-3152
Office: (276) 492-2100
Lgmitcham@swvam.org

*Preferred method of delivery is fax or email

(PLEASE PRINT NEATLY)

I. APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Primary Phone Number: _____ Email: _____
Date of Birth: Month _____ Day _____ Year _____

II. PARENT OR GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Address (If Different from Applicant) _____ City: _____ State: _____
Zip Code: _____
Relationship to Applicant: _____ Primary Phone Number: _____
Yearly Household Income: _____ Number of Dependents in the Home: _____

III. HIGH SCHOOL DATA

High School Attended: _____ High School County _____
GPA: _____ Graduation Date: _____

IV. TECHNICAL TRAINING (If Applicable)

School: _____ Program of Study: _____

Date Started: _____ Date Completed: _____

V. EMPLOYMENT

Please list any employment experience, if any. (Continue of separate sheet if necessary).

Employment #1.

Employer: _____ Name of Supervisor: _____

Phone Number: _____ Start Date: _____ End Date: _____

Employment #2.

Employer: _____ Name of Supervisor: _____

Phone Number: _____ Start Date: _____ End Date: _____

VI. CAREER GOALS

Program of Study to be Pursued: _____

Tell us how you see yourself working in manufacturing and what interests you about manufacturing.

VII. OTHER SCHOLARSHIPS

Please list all other scholarships that you expect to receive.

(Continue on a separate sheet if necessary).

Scholarship #1: _____ Amount (per semester): _____

Scholarship #2: _____ Amount (per semester): _____

VIII. FINANCIAL NEED

Please list/describe where you will be receiving funding to pay for your tuition and fees other than scholarships.

IX. LETTERS OF RECOMMENDATION (2 Letters Required)

At least two, signed letters of recommendation must be submitted with application. These letters must come from Teachers or Other School Professionals.

X. CERTIFICATION

I acknowledge decisions made by the Southwest Virginia Alliance for Manufacturing, Inc. and the SVAM Scholarship Committee are final. I certify that the information provided is complete and accurate to the best of my knowledge, and I have filled out this application in its entirety. If requested, I agree to provide proof of information I have given on this form. By signing below, I also permit SVAM access to my transcripts.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

****Please note**, applications *must* be filled out entirely. Failure to fill out an application may result in disqualification for consideration.