



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

**APPLICATION DEADLINE IS April 2<sup>nd</sup>, 2018, by 5:00PM**

Send complete application to:

**Mailing Address:** 851 French Moore Jr. Blvd., Abingdon, VA 24210

**Fax:** (276) 698-3152

**Email:** [Lgmitcham@swvam.org](mailto:Lgmitcham@swvam.org)

*Preferred method of delivery is fax or email*

For additional information contact:

Lennie Gail Mitcham, Executive Director

Office: (276) 492-2100

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(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 \_\_\_\_\_

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**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: \_\_\_\_\_

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**II. FINANCIAL DATA (Required)**

Total Annual Household Income: \_\_\_\_\_ How many people live in the home? \_\_\_\_\_

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**III. HIGH SCHOOL DATA**

High School Attended: \_\_\_\_\_ High School County \_\_\_\_\_  
GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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**IV. TECHNICAL TRAINING (If Applicable)**

School: \_\_\_\_\_ Program of Study: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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**V. EMPLOYMENT**

*Please list employment experience, if any. (Continue on 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: \_\_\_\_\_

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**VI. CAREER GOALS**

Program of Study to be Pursued: \_\_\_\_\_

College Attending (expected): \_\_\_\_\_

Tell us why you want to pursue a career in manufacturing - what interests you about manufacturing? (continue on separate sheet if necessary).

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**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): \_\_\_\_\_

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**VIII. FINANCIAL NEED**

Please list/describe how you will pay for your tuition and fees other than scholarships.

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**IX. LETTERS OF RECOMMENDATION (2 Letters Required)**

Two, signed letters of recommendation must be submitted with application. These letters must come from teachers or other school professionals.

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**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: \_\_\_\_\_

**IMPORTANT NOTE:** Applications *must* be filled out entirely. Failure to fill out an application may result in disqualification for consideration.