



VSPA MEMBER SCHOLARSHIP APPLICATION - 2018~2019

THIS IS NOT A CHILDREN'S SCHOLARSHIP APPLICATION

Name of Member: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone: Office: _____ **Cell:** _____

E-mail: _____ **Position within Department:** _____

Member of Department since: _____ **Member of VSPA since:** _____

University or College Attended: _____

This university/college accredited: YES ____ No ____

Degree/certificate sought: _____

Number of credit hours to be taken during next semester: _____

Cost per credit hour: \$ _____ **Approximate cost of books:** \$ _____

The information provided herein is true to the best of my knowledge. Furthermore, if awarded a scholarship, I agree to provide the VSPA with a copy of my grades.

SIGNED: _____ **DATE:** _____

NOTE: Once received and verified, all transcripts will be destroyed. No record of grades will be maintained by the VSPA.

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**Financial Information
Member Scholarship Program**

Name of Member: _____

Total Household Income (monthly): \$ _____

Total Household Expenses (monthly): \$ _____
(Electric bill, water bill, etc.)

Number and Age of Children:

_____ and Age _____

_____ and Age _____

_____ and Age _____

_____ and Age _____

_____ and Age _____

_____ and Age _____

Approximate Net Worth: \$ _____

Application and Financials are due by close of business (4 p.m.) on Friday, June 1, 2018

~ Forms can be sent by mailed, faxed to (804) 320-2616 or emailed to: vspa@vspa.org ~

As always, lease email or call with any questions: (804)320-6272