## APPLICATION FORM COLLEGE SCHOLARSHIP



First Name :	Middle Name/Initial :	Last Name :		
Mailing Address :	City :		State:	Zip Code :
Primary Phone : Se	condary Phone :	Email :		
l am a VGEA Member.	l am the spous	e/child/grandch	ild of a VG	EA Member.
lf you are the spouse/child/grand their VGEA Number, when they jo		•		
Member Name :	Y	ear Joined VGEA	:	
VGEA Membership Number :	F	Relationship to VC	EA Memb	er :
Primary Phone :		Email :		
College / University Name :	F	inancial Aid Offic	e Phone :	
Mailing Address of Financial Aid O	ffice : City :		State:	Zip Code :
Name of Local Newspaper :				
Mailing Address of Local Newspap	er : City :		State:	Zip Code :

*Include the following items in your application packet:* 1) *This completed College Scholarship application form, 2) supervisor/teacher reference, 3) non-family personal reference, 4) essay, no longer than two pages double-spaced, 5) bio of 250 words or less, 6) headshot photo. Submit forms via email to info@vgea.org by midnight Friday, May 10, 2024. All applicants will be notified of the results in July 2024.*