



VIRGINIA STATE UNIVERSITY
Alumni Association

Peninsula Chapter
2022-2023
Scholarship Application

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip: _____

Telephone number: _____ Email: _____

Parent or Guardian:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Address if different from above:

Street: _____ City: _____ Zip: _____

Phone number: _____ Email: _____

Current High School: _____ City: _____

Expected date of Graduation: _____ GPA: _____

I will be attending Virginia State University in the:

_____ Fall of 20__

_____ Spring of 20__

_____ Summer of 20__

Which degree will you be pursuing?

Major _____ Minor _____

List your Academic Achievements:

1. _____

2. _____

3. _____

4. _____

5. _____

List your involvement in Extracurricular Activities (clubs, sports, community activities, church or hobbies).

Activity	Roles/Responsibility	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ATTACH ADDITIONAL SHEETS IF NEEDED!

Thank you for your application!

Peninsula Chapter

VSUAA

Scholarship committee: Brenda Fowlkes, Chair

757-728-9024

757-880-8838