



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

APPLICATION DEADLINE IS April 2nd, 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

Preferred method of delivery is fax or email

For additional information contact:

Lennie Gail Mitcham, Executive Director

Office: (276) 492-2100

(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: _____

II. FINANCIAL DATA (Required)

Total Annual Household Income: _____ How many people live 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 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: _____

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).

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 how you will pay for your tuition and fees other than scholarships.

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.

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.