



**WINSTON-SALEM ALUMNI CHAPTER
OF
FAYETTEVILLE STATE UNIVERSITY
SCHOLARSHIP APPLICATION FORM**
Email: wsfsualumni@gmail.com

Name: _____ **Name of School:** _____

GPA: _____ **DOB:** _____

Major (if applicable): _____

Local Address:

Permanent Address:

Street

Street

City/State/Zip Code

City/State/Zip Code

Cell Number (Required)**

Home Phone Number

- 1. List any activities or organizations in which you have been involved (church, school, employment, volunteer).**

- 2. Why did you choose to participate in the activity (ies) or join the organization (s)?**

The minimal Grade Point Average for receiving this scholarship is 2.5. The GPA and other information requested on this application will be considered in selecting a scholarship recipient.

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3. List any school or community achievements or awards.

4. What motivated you to apply to Fayetteville State University?

5. What are your career goals?

6. What do you consider success to be?

In the space provided, please explain the value of an education and why you feel you should receive this scholarship. If you need additional space, you can add additional pages.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

WS Alumni Chapter of FSU
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Winston Salem, NC 27105