

POLK STATE COLLEGE

20__ VA Student Scholarship Application

Please type or print

Chapter: _____	Student ID: _____	
1.	Last Name: _____	First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip: _____	
3.	Cell: () Home: ()	
4.	Date of Birth: Month Day Year	
5.	Are you expecting to receive any other scholarship awards: YES NO If YES, from whom and how much?	
5.	I have completed the FAFSA for the 20__ - __ school year: YES NO Please be aware that you MUST have a FAFSA for the 20__ - __ school year on file with the Polk State College Financial Aid Office at the time of your application.	

- **Be advised that this is a onetime offered scholarship.**

Please provide a brief explanation as to why you should be considered for this VA Student Scholarship.

Signature of student: _____ Date: _____

Veteran Services Use Only: Approved _____ Denied _____ Fin Aid Dir Signature _____ Date _____
