

WVU Dependent Employee Scholarship Application

Student ID Number			
Student Name			
	Last	First	M.I.
Student Permanent Address	Street		
	City	State	Zip Code
Student Home Phone #	()		

Class Rank, Fall 2009 (Check One)			
	Freshman	Sophomore	Junior
			Senior

The WVU employee for whom I am a dependent. The named WVU employee **must** claim you as a dependent on his/her federal tax forms.

Employee Name			
	Last	First	M.I.
WVU Employee ID Number			

The Dependent Employee Scholarship is based academic merit and financial need. **The student must file the Free Application for Federal Student Aid (FAFSA) by the WVU priority date of February 15th for consideration for this scholarship.**

Student: I understand I must be enrolled as a full-time undergraduate student at WVU to receive this award. I am a legal dependent of the above named WVU employee, as based on federal income tax returns. I agree to file the FAFSA no later than February 15th. I certify that the information I have provided on this application is accurate. I understand that omission or misrepresentation of information will invalidate this application.

Student Signature	
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Employee: I am a full-time, benefits eligible, WVU employee. The above listed student is my legal dependent as based on federal income tax returns. I agree to assist the student in filing the FAFSA no later than February 15th. I certify that the information I have provided on this application is accurate. I understand that omission or misrepresentation of information will invalidate this application.

Employee Signature	
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<h2 style="margin: 0;">Deadline: February 1st</h2>	Return To: WVU Undergraduate Scholarship Office Cathedral Room, Mountainlair PO Box 6410 Morgantown, WV 26506-6410 Fax: (304) 293-4544 Phone: (304) 293-4126
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