

FOUNDATION

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Application for Early Access Assistance WVNCC Foundation

Student Name: _____

Student ID Number: _____

High School: _____

Amount Requested: _____

I am seeking assistance for tuition _____ books _____ both _____

Address: _____

Phone #: _____

Email: _____

Verification: *I attest that the statements made on this application are accurate to the best of my knowledge. I allow information regarding my student account to be released to the members of the committee. This information includes, but is not limited to: student academic information, including GPA and academic progress.*

Student Signature

Statement of Need: On a separate sheet of paper, please type or neatly write a letter to the WVNCC Foundation Early Access Assistance Committee that outlines your situation, or hardship, along with your Financial request. **If possible, please provide official documentation verifying situation. In addition, attach a reference letter from a teacher, principal, or guidance counselor.**

Name of person making recommendation: _____

For questions regarding this application or for assistance in completing it, please contact the WVNCC Foundation Office at 304-214-8906 or rspurlock@wvncc.edu.