



VSPA MEMBER SCHOLARSHIP APPLICATION - 2024

THIS IS NOT AN APPLICATION FOR THE CHILDREN'S SCHOLARSHIP

Name of Member: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: Office: _____ Cell: _____

E-mail: _____ Position within Department: _____

Member of Department since: _____ Member of VSPA since: _____

University or College Attending: _____

This university/college accredited: YES ____ No ____

Degree/certificate sought: _____

Number of credit hours to be taken during next semester: _____

Cost per credit hour: \$ _____ Approximate cost of books: \$ _____

The information provided herein is true to the best of my knowledge. Furthermore, if awarded a scholarship, I agree to provide the VSPA with a copy of my grades.

SIGNED: _____ DATE: _____

NOTE: Once received and verified, all transcripts will be destroyed. No record of grades will be maintained by the VSPA.

Continue to next page



VSPA MEMBER SCHOLARSHIP APPLICATION - 2024

THIS IS NOT AN APPLICATION FOR THE CHILDREN'S SCHOLARSHIP

Financial Information Member Scholarship Program

Name of Member: _____

Total Household Income (monthly): \$ _____

Total Household Expenses (monthly): \$ _____
(Electric bill, water bill, etc.)

Number and Age of Children:

_____ and Age _____

_____ and Age _____

_____ and Age _____

_____ and Age _____

_____ and Age _____

_____ and Age _____

Approximate Net Worth: \$ _____

Application and Financials are due by close of business (5 p.m.) on Friday, June 7, 2024

~ Forms can be sent by mailed, faxed to (804) 320-2616 or emailed to: vspa@vspa.org ~

As always, please email or call with any questions: (804)320-6272