



## **VSPA MEMBER SCHOLARSHIP APPLICATION - 2025**

**\*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



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### 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 Thursday, June 5, 2025**

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

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