



## VSPA MEMBER SCHOLARSHIP APPLICATION - 2026

**\*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**

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Name of Member: \_\_\_\_\_

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Total Household Income (monthly): \$ \_\_\_\_\_

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

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Number and Age of Children:

# \_\_\_\_\_ and Age \_\_\_\_\_

# \_\_\_\_\_ and Age \_\_\_\_\_

# \_\_\_\_\_ and Age \_\_\_\_\_

# \_\_\_\_\_ and Age \_\_\_\_\_

# \_\_\_\_\_ and Age \_\_\_\_\_

# \_\_\_\_\_ and Age \_\_\_\_\_

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Approximate Net Worth: \$ \_\_\_\_\_

**Application and Financials are due by close of business (5 p.m.) on Thursday, June 5, 2026**

*~ 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*