



MAIL COMPLETED FORM TO:

VSAC Scholarships Program
10 East Allen Street • PO Box 2000
Winooski, VT 05404
Toll-free: 888-253-4819 • Burlington area: 654-3798
E-mail: info@vsac.org • Fax: 802-654-3765

APPLICANT'S

SOCIAL SECURITY # _____

APPLICANT'S

NAME _____
(first name, middle initial or name, last name)

2017–2018 Unified Scholarship Application (USA)

This form is required for every VSAC-assisted scholarship. It must be completed in full by the applicant in order to be considered by scholarship committee(s). Do not leave any section blank. Use the *Tip Sheet for VSAC Scholarships Application* to answer questions you may have about completing this form. You'll find the sheet at www.vvac.org/scholarships under "Scholarship Tools."

SECTION I: APPLICANT INFORMATION

Permanent mailing address <i>(maximum two lines)</i>	City	State	ZIP code <i>(+4 digit ext)</i>
Primary phone number	Alternate phone number		
Primary e-mail address			
Date of birth <i>(mm/dd/yyyy)</i>	Gender <i>(please check one):</i> <input type="checkbox"/> female <input type="checkbox"/> male		
Marital status <i>(please check one):</i> <input type="checkbox"/> married/remarried <input type="checkbox"/> single <input type="checkbox"/> separated <input type="checkbox"/> civil union partnership <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Are you a U.S. citizen or eligible noncitizen? <i>(please check one; refer to instructions in VSAC's scholarships booklet on page 2, step 1):</i> <input type="checkbox"/> yes <input type="checkbox"/> no		

SECTION II: GENERAL INFORMATION

Did your high school guidance counselor or VSAC outreach counselor instruct you to complete the USA because you have been nominated for a scholarship? <i>(please check one):</i> <input type="checkbox"/> yes <input type="checkbox"/> no
Did VSAC instruct you to complete the USA to renew one or more existing scholarships? <i>(please check one):</i> <input type="checkbox"/> yes <input type="checkbox"/> no
Are you a member of the Vermont National Guard applying for the National Guard Educational Assistance Program (NGEAP)? <i>(please check one):</i> <input type="checkbox"/> yes <input type="checkbox"/> no
Are you or were you ever in the custody of the Vermont Department of Children and Families? <i>(please check one):</i> <input type="checkbox"/> yes <input type="checkbox"/> no

SECTION III: RESIDENCY

Are you a Vermont resident? <i>(please check one):</i> <input type="checkbox"/> yes <input type="checkbox"/> no	I have lived in Vermont since <i>(mm/dd/yyyy):</i>
Vermont town of legal residence	Number of years lived in town of legal residence

SECTION IV: HIGH SCHOOL

<p>Name of high school from which you have (or will) graduate <i>(Refer to the Reference Sheets for USA under "Scholarship Tools" at www.vsac.org/scholarships. Only Vermont schools and some schools bordering Vermont are listed. If your school is not on the list, select "Other Vermont High School" or "Out-of-State High School.")</i></p>	
<p>High school graduation status <i>(please check one):</i></p> <p><input type="checkbox"/> I am a high school senior (or am working on my GED) and expect to receive a high school diploma or GED certificate by the end of the current school year.</p> <p><input type="checkbox"/> I have already graduated from high school or obtained a GED certificate.</p>	

SECTION V: COLLEGE/UNIVERSITY (academic year 2017–2018)

<p>Name of the college/university you are most likely to attend during academic year 2017–2018:</p>			
<p>City & state where this college/university is located:</p>	<p>Date you expect to graduate from this college/university <i>(mm/yyyy):</i></p>		
<p>Will you receive your first associate's (two-year) degree from any college/university by September 1, 2017?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Will you receive your first bachelor's (four-year) degree from any college/university by September 1, 2017?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>		
<p>Select the specific program or degree you expect to pursue during academic year 2017–2018 <i>(please check one):</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Cert/ND/Undergrad programs (one–four year degrees)</p> <p><input type="checkbox"/> certificate program (one-year)</p> <p><input type="checkbox"/> associate's degree (AA, AAS, AS, two-year)</p> <p><input type="checkbox"/> licensed practical nursing degree (LPN, two-year)</p> <p><input type="checkbox"/> bachelor's degree (BA, BFA, BS, BSW, four-year)</p> <p><input type="checkbox"/> registered nursing degree (RN, four-year)</p> <p><input type="checkbox"/> non-degree program (not enrolled in a degree program)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Graduate/professional programs (earned <i>after</i> bachelor or master's degree)</p> <p><input type="checkbox"/> master's degree</p> <p><input type="checkbox"/> master's of social work degree (MSW)</p> <p><input type="checkbox"/> medical doctor (MD)</p> <p><input type="checkbox"/> doctor of dental medicine or surgery (DDS, DDM)</p> <p><input type="checkbox"/> doctor of social work degree (DSW)</p> <p><input type="checkbox"/> doctor of veterinary medicine (DVM)</p> <p><input type="checkbox"/> doctor of philosophy degree (PhD)</p> </td> </tr> </table>		<p>Cert/ND/Undergrad programs (one–four year degrees)</p> <p><input type="checkbox"/> certificate program (one-year)</p> <p><input type="checkbox"/> associate's degree (AA, AAS, AS, two-year)</p> <p><input type="checkbox"/> licensed practical nursing degree (LPN, two-year)</p> <p><input type="checkbox"/> bachelor's degree (BA, BFA, BS, BSW, four-year)</p> <p><input type="checkbox"/> registered nursing degree (RN, four-year)</p> <p><input type="checkbox"/> non-degree program (not enrolled in a degree program)</p>	<p>Graduate/professional programs (earned <i>after</i> bachelor or master's degree)</p> <p><input type="checkbox"/> master's degree</p> <p><input type="checkbox"/> master's of social work degree (MSW)</p> <p><input type="checkbox"/> medical doctor (MD)</p> <p><input type="checkbox"/> doctor of dental medicine or surgery (DDS, DDM)</p> <p><input type="checkbox"/> doctor of social work degree (DSW)</p> <p><input type="checkbox"/> doctor of veterinary medicine (DVM)</p> <p><input type="checkbox"/> doctor of philosophy degree (PhD)</p>
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<p>What is the specific major or field of study you expect to pursue during academic year 2017–2018? <i>(Refer to the Reference Sheets for USA under "Scholarship Tools" at www.vsac.org/scholarships. If your major is not on the list, write I CANNOT FIND MY MAJOR ON THIS LIST and write your major below. If you expect to pursue a double major, write DOUBLE MAJOR and include both majors below.)</i></p>			
<p>Select the year in college/university in which you expect to be enrolled during academic year 2017–2018 <i>(please check one):</i></p> <p><input type="checkbox"/> freshman/first year</p> <p><input type="checkbox"/> sophomore</p> <p><input type="checkbox"/> junior</p> <p><input type="checkbox"/> senior</p> <p><input type="checkbox"/> graduate</p> <p><input type="checkbox"/> other</p>	<p>Select your anticipated enrollment status during academic year 2017–2018 <i>(please check one):</i></p> <p><input type="checkbox"/> full time (generally 12+ credits/term)</p> <p><input type="checkbox"/> three-quarter time (generally 9–11 credits/term)</p> <p><input type="checkbox"/> half time (generally 6–8 credits/term)</p> <p><input type="checkbox"/> quarter time (generally 3–5 credits/term)</p> <p><input type="checkbox"/> I do not expect to be enrolled.</p>		

SECTION VI: SCHOLARSHIPS

List the VSAC ID of each VSAC-assisted scholarship for which you meet ALL eligibility requirements. The VSAC ID is a code that VSAC uses to identify each scholarship. Only VSAC-assisted scholarships have these codes. They are located just above the black toolbar of each scholarship description on pages 9–34 of VSAC's scholarships booklet.

VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:

SECTION VII: CERTIFICATION and SIGNATURE

By signing this application, I certify the accuracy of this completed form and any accompanying required/related documents submitted with it; and, if requested, I agree to provide proof of this information. I also give permission for the Vermont Student Assistance Corporation (VSAC) to request and use data from my Free Application for Federal Student Aid (FAFSA), as well as data and materials from this application, to determine my eligibility for VSAC-administered scholarships.

I authorize VSAC to share the financial information and other information in this application and any required/related documents, and in my FAFSA, with VSAC scholarship processing and reviewing staff, donors, selection committees, scholarship boards, and others for identifying eligible students, determining eligibility, and selecting and notifying recipients. I also authorize VSAC to obtain pertinent eligibility and related information about me from any of these individuals or organizations. I give VSAC permission to share my information in this application and in any required/related documents (e.g., recommendation letters, essays, transcripts) with scholarship donors who may, in turn, share the content of these materials with their family members, boards, or membership. I understand that if I receive an award, someone from the scholarship committee may contact me about the award.

I agree that VSAC and any of VSAC's agents and service providers (collectively, "VSAC") may call me; leave me a voice-, prerecorded, or artificial-voice message; or send me a text, e-mail, or other electronic message for any purpose related to my scholarship or other financial aid, including loans, VSAC products and services, or surveys or research (each a "Communication"). I agree that VSAC may call or text me at any telephone number, including cellular telephone numbers, associated with my financial aid, including loans, and may send an e-mail to any e-mail address associated with my financial aid. I also agree that VSAC may include my personal information in a Communication and may call me and send other Communications to me using an automatic telephone dialing system. I understand that VSAC will not charge me for a Communication, but my service provider may. In addition, I understand and agree VSAC may always communicate with me in any manner permissible by law that does not require my separate prior consent.

I understand that because of variations in investment returns and other factors, any award I receive may vary up or down from the amount published in VSAC's scholarships booklet, or no award may be available.

If selected to receive a scholarship, I give permission for a publicity release. Under the Privacy Act of 1974, I understand that I am not required to provide my Social Security number; however, if I don't provide it, I will not be considered for VSAC-administered scholarships.

I also agree to promptly refund and repay to VSAC any portion of funds awarded to me in a grant, scholarship, or loan that VSAC determines to have been based upon incorrect information contained on or submitted in connection with this application.

If this is a renewable scholarship, these certifications apply to each year I am considered for an award.

VSAC cannot guarantee that applicants will receive scholarships. Further, by signing this form, I agree to hold harmless, defend, and indemnify VSAC, as well as its charitable affiliate, the Vermont Student Development Fund, Inc., d/b/a the Vermont Scholarship Fund, its employees, officers, directors, agents, and volunteers for any of my acts, failures to act, or omissions.

APPLICANT'S SIGNATURE	DATE
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