



Flathead Valley
Community College™

ACADEMIC SCHOLARSHIP REQUEST

Student ID Number: _____ Social Security Number: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

I am submitting a request for the FVCC Academic Scholarship for the following 2 semester(s):

Fall__ Spring__ Summer__

Fall__ Spring__ Summer__

Year: _____

and

Year: _____

I understand that the FVCC Academic Scholarship is for degree-seeking students who have completed 30 credits at Flathead Valley Community College and have a minimum cumulative GPA of 3.5. Requests will be accepted from the Flathead Valley and Lincoln County campuses. Also, I understand that I only have two years to use the FVCC Academic Scholarship from the time I establish eligibility.

I understand that if I am eligible for the FVCC Academic Scholarship it will waive my in-district tuition only. I will be responsible for any other fees and additional tuition charges. I also understand that I must maintain a minimum 3.5 cumulative GPA in order to retain eligibility.

Application Deadline: Last day of the semester you are requesting the scholarship for.

Student Signature: _____ Date: _____

Congratulations!