

## West Virginia Employees (WVES) Scholarship

Are you currently employed at a company located in West Virginia<sup>1</sup>? If so, then Blue Ridge Community and Technical College is excited to announce that you may<sup>2</sup> qualify for IN STATE tuition!

Dr. Peter G. Checkovich created a special tuition program for students living out of state, but working for a West Virginia business. His new program "West Virginia Employees Scholarship", will waive the out of state cost for those eligible students. Based on current tuition rates<sup>3</sup>, this could mean a savings of up to \$1632<sup>4</sup> per semester!

To become a West Virginia Employee Scholar, you must meet the following conditions:

- 1. Be a graduate of an accredited High School or GED/TASC program.
- 2. Be actively employed by a business operating in West Virginia.
- 3. Have active employment verified from a qualified business for a period of at least 1 year.
- 4. Complete admissions application and submit transcripts, as requested.
- 5. Be an out-of-state resident working within the state of West Virginia.
- 6. Complete scholarship application and submit all relevant employment documents.

Once awarded, Scholars must maintain satisfactory academic progress (SAP)<sup>5</sup> and take courses relevant to chosen program. Should SAP not be maintained, the student will lose eligibility for future WVES awards.

Student MUST verify employment on a semester basis<sup>6</sup>. Should employment cease, WVES funding will be terminated. Should a student end employment during the current semester, no retroactive fees will be applied. However, subsequent semesters will be assessed as out of state tuition rates with no waiver.

All other scholarships, benefits, or merit based aid shall be applied first. WVES will then be applied and will only waive out of state tuition costs. WVES may reduce the cost of attendance for students receiving need based aid, thus reducing unmet need, which will reduce title IV aid.

**Submission Deadlines** 

January 10 for Spring May 10 for Summer August 10 for Fall

<sup>&</sup>lt;sup>1</sup> Business must operate and contribute to WV tax Base

<sup>&</sup>lt;sup>2</sup> Qualifications must be met; Blue Ridge CTC reserves the right to refuse WVES scholarship if employment cannot be verified

<sup>&</sup>lt;sup>3</sup> AY 17-18 out of state tuition is \$304/credit hour; full time is 12 credits or \$3648

<sup>&</sup>lt;sup>4</sup>Waivers are applied at the cost per credit hour only; no cash value. All other fees will be assessed regularly.

<sup>&</sup>lt;sup>5</sup>GPA of 2.0+; maintain 70% attempted versus earned credits; not to exceed 150% program length.

<sup>&</sup>lt;sup>6</sup> Should verification of employment be disputed by employer, speak with WVES representative for alternatives for verification.



SIGNATURE:

## West Virginia Employees (WVES) Initial Scholarship Application

DATE:

|                                                                                       |                    | PER                                                         | SONAL DATA    |                  |          |
|---------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|---------------|------------------|----------|
| APPLICATION FOR: (SELEC                                                               | T ONE)             |                                                             | SPRING        | SUMMER           | YEAR: 20 |
| STUDENT ID:                                                                           |                    |                                                             |               |                  |          |
| NAME:                                                                                 |                    |                                                             |               |                  |          |
| ADDRESS:                                                                              |                    |                                                             |               |                  |          |
| CITY, STATE, ZIP:                                                                     |                    |                                                             |               |                  |          |
| PHONE NUMBER:                                                                         |                    |                                                             |               |                  |          |
| EMAIL:                                                                                |                    |                                                             |               |                  |          |
|                                                                                       |                    | EMF                                                         | PLOYER DATA   |                  |          |
| EMPLOYER:                                                                             |                    |                                                             |               |                  |          |
| ADDRESS:                                                                              |                    |                                                             |               |                  |          |
| CITY, STATE, ZIP:                                                                     |                    |                                                             |               |                  |          |
| PHONE NUMBER:                                                                         |                    |                                                             |               |                  |          |
| HR CONTACT:                                                                           |                    |                                                             |               |                  |          |
| POSITION HELD:                                                                        |                    |                                                             |               |                  |          |
| START DATE:                                                                           |                    |                                                             | El            | ND DATE:         |          |
| STATUS:                                                                               | РТ                 | FT                                                          | PERDIEM       | OTHER:           |          |
|                                                                                       |                    | PRC                                                         | GRAM DATA     |                  |          |
| DEGREE P                                                                              | PROGRAM:           |                                                             |               | CURRENT GPA:     |          |
| REGISTERED CR                                                                         | REDIT HRS:         |                                                             |               | GRADUATION DATE: |          |
| CUMULATIVE CR                                                                         | (EDIT HRS:         |                                                             |               |                  |          |
|                                                                                       |                    | CERTIFICATION                                               | ON OF APPLICA | TION             |          |
| I certify that to the best of<br>understand that any misro<br>read and understand the | epresentation of i |                                                             |               |                  |          |
|                                                                                       | l :<br>l :<br>E    | am currently an o<br>am actively emplo<br>mployment verific |               |                  |          |



## West Virginia Employees (WVES) Scholarship Employer Verification

This form must be completed and returned by employer. To be completed EACH semester.

## **AUTHORIZATION RELEASE OF INFORMATION**

I hearby AUTHORIZE and request verification of employment to be provided to Blue Ridge Community and Technical College via the designated WVES representative. This information includes dates of employment, employment status, and location of employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from my employer who may provide information based upon this authorized request. I understand this authorization request. I understand that any misrepresentation, falsification, or omission of facts will be grounds for dismissal of my application and subsequent registration along with disqualification of current and future West Virginia Employee Scholarship Application(s).

| NAME:                 |                             |
|-----------------------|-----------------------------|
| STUDENT ID:           |                             |
| BIRTH DATE:           |                             |
| EMPLOYER:             |                             |
| WV TAX ID:            |                             |
| DATES OF EMPLOYMENT:  |                             |
| STUDENT<br>SIGNATURE: | DATE:                       |
|                       | TO BE COMPLETED BY EMPLOYER |

I verify the employee named above is currently employed with our organization. Further, I understand that Blue Ridge CTC may contact me to verify information.

Return completed form via mail, fax, or email:

ATTN: Ann Paull, WVES Representative 13650 Apple Harvest Drive Martinsburg, WV 25403 304.260.4380 ext. 2126 304.260.1786 (fax) apaull@blueridgectc.edu

| TITLE:           | PRINT<br>NAME: |
|------------------|----------------|
| DATE:            | SIGNATURE:     |
| PHONE<br>NUMBER: | EMAIL:         |