

BRICKSTREET SCHOLARS Scholarship Application

Foundation Office, Suite 2400 13650 Apple Harvest Drive Martinsburg, WV 25403 304.260.4380 ext 2423 foundation@blueridgectc.edu www.blueridgectc.edu/foundation

Please type or print and return the completed form and statement to the Foundation Office.

Blue Ridge CTC Student ID Number: (C#)					
Name:						
Address:						
Phone:						
Email:						
Major:	GPA: Planned Enrollment: □ Full Time (>12 o			redit hours) □ Part Time (<12 credit hours)		
Is your parent from West Virginia and has either a permanent total disability or has passed away from a work-related injury?			otal disability	☐ YES Attach copy of award letter.	□ NO	
Is your parent or grandparent an employee of BrickStreet?				☐ YES Complete section below	□ NO	
BrickStreet Employee Name:						
BrickStreet Employee's Title:						
Student's Relationship to Employee:						
□ FAFSA Completed (fafsa.ed.gov)			□ Personal Statement Attached			
Please read and sign: I certify that the information on this application is and the Blue Ridge Community and Technical Coll may release this information for verification and/c or waiver received by me.	ege Foundation to ve	erify all in	formation contained in	this application. Any institution	n, agency, or individual	
Student Signature:				Date:		

Blue Ridge Community and Technical College provides opportunity to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, color, sex, sexual preference, religion, age, national origin, sexual orientation, marital or parental status, familial status, veteran status, or disability.