

**DEPARTMENT OF CLINICAL LABORATORY SCIENCES
APPLICATION FOR COMMONWEALTH OF VIRGINIA
GRADUATE TUITION ASSISTANCE**

- Requirements:
1. Recipient must be entering the graduate program in the Department of Clinical Laboratory Sciences, VCU as a full-time student.
 2. Recipient must be in good academic standing.

NAME _____

VCU V NUMBER _____

LOCAL ADDRESS _____

LOCAL TELEPHONE _____

PERMANENT ADDRESS _____

PERMANENT TELEPHONE _____

VIRGINIA RESIDENT (YES/NO) _____

MARITAL STATUS _____

CHILDREN (number and ages) _____

What percentage of your financial support is furnished by:

Self _____
Spouse _____
Parents _____
Loan _____
Other (specify) _____

Please list the amount of scholarships or financial assistance received within the last 5 years.

Are you currently employed? If so list employer and weekly income.

Are there any unusual circumstances of which the Committee should be aware?

What are your professional goals upon completion of this degree?

How would you use the funds if you were selected as a recipient?

I certify that the information given in this application is true to the best of my knowledge and believe I qualify for assistance.

Signature of Applicant

Date

Deadline: Please submit completed applications by August 1st to:
Chairman, Department of Clinical Laboratory Sciences
P. O. Box 980583
Richmond, VA 23298-0583

Selection:

Funds will be awarded to a student based on the following criteria, which are weighted in this order:

1. Financial need
2. Scholastic achievement
3. Professional promise