



COTTEY COLLEGE

# P.E.O. Virginia Cottey College Scholarship Fund Application

## 2020-2021

This application applies to the 2020-2021 academic year (fall 2020 and spring 2021). Virginia Cottey College Scholarships are available to women who are U.S. citizens or legal permanent residents, domiciled in Virginia, and have been accepted as students at Cottey College.

**Freshman and transfer** Virginia Cottey College Scholarship applications must be postmarked **within 30 days** following the acceptance and decision to attend Cottey College.

**Renewal** Virginia Cottey College Scholarship applications must be postmarked by **February 15, 2020**. Recipients are eligible for three renewals provided they are in good academic standing.

All Applicants please fill out pages two and three of this application.

Renewal students will additionally be required to complete page four. You will need the Registrar and the Vice President for Student Life to complete sections. It is advised that you make arrangements for completing their portions well in advance of the deadline.

**When your application is complete, please mail it to:**

V.C.C.S.F. Scholarship Committee  
P.O. Box 246  
Haymarket, VA 20168

**Questions may be emailed to:** [vssf-vccsf@vapeo.org](mailto:vssf-vccsf@vapeo.org)



**Virginia Cottey College Scholarship Fund  
Scholarship Application 2020-2021**

**What will be your academic standing in September 2020?**

Freshman      Sophomore      Junior      Senior

**What is your planned field of study?** \_\_\_\_\_

**If you are a member of the P.E.O. Sisterhood, please give your chapter:** \_\_\_\_\_

**If a relative is a P.E.O. member, please give her name, relationship to you, chapter, and state.**

\_\_\_\_\_

**If you learned about this scholarship through a P.E.O. member, please give her name, chapter, and state.**

\_\_\_\_\_

**If not through a P.E.O. member, how did you learn about this scholarship?**

\_\_\_\_\_

**If you are a Designated Scholar applying for a renewal scholarship, please give your Designated Chapter.**

\_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

**If the applicant is under eighteen, please provide:**

Father's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

