ALBANY STATE UNIVERSITY CHATTAHOOCHEE VALLEY ALUMNI CHAPTER

SCHOLARSHIP APPLICATION

Last Name	First Name		Middle Initial	
Permanent Address: Street: _				
City	State	Zip Cod	le	
E-Mail Address – Please prin	t			
Telephone: Home	Mobile			
Date of Birth				
Parents				
Grade Point Average	SAT Sc	eore	_and/or ACT Score	
Major	Minor			
List of Activities/Organization			ol enrollment:	
List all volunteer participation	1:			
Please attach a one-page (type reason why you chose Albany	•	est describe you a	nd your career goals. Also, tell us the	
Signature			Date	

The Successful Applicant for the Annual CVAC Scholarship:

- Must apply to, be accepted by, and enroll full-time at Albany State University
- Must have a minimum GPA of 2.5
- Must graduate from a High School in the Chattahoochee Valley Area
- Must be able to show unmet financial need which will require completion of FAFSA
- Essay must be included.

Application Deadline Date

(Postmark Date):

May 31, 2025

Please send completed applications to:

The Scholarship Committee
Albany State University
Chattahoochee Valley Alumni Chapter
P. O. Box 6942
Columbus, GA 31907

OR
Email to:

Chattvalley0216@gmail.com