

**ALBANY STATE UNIVERSITY  
CHATTAHOOCHEE VALLEY ALUMNI CHAPTER**

**SCHOLARSHIP APPLICATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Address: Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address – Please print \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents \_\_\_\_\_

Name of High School and Location \_\_\_\_\_

Grade Point Average \_\_\_\_\_ SAT Score \_\_\_\_\_ and/or ACT Score \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

List of Activities/Organizations you participated during High School enrollment:

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List all volunteer participation:

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Please attach a one-page (typed) essay that will best describe you and your career goals. Also, tell us the why you chose Albany State University.

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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):**

**March 31, 2026**

**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**