

# Bluefield State UNIVERSITY

## Employee Dependent Waiver Application

**Last Name**

**First Name**

**Middle Initial**

**BSU Student ID Number**

**OR Social Security Number**

**Permanent Mailing Address**

**Street, Apt. No., Post Office Box**

**City**

**State**

**Zip**

**Date of Birth**

**Home Phone**

**Office Phone**

**College Major**

**Expected College Graduation Year**

**High School Name**

**High School Graduation Date**

**College Hours Completed (If any)**

**Other Colleges Attended (if any):**

**Are you applying as a West Virginia Resident? Yes No**

**Are you applying as a Border County Resident? Yes No**

### **SCHOLARSHIP CRITERIA**

**-Dependents of full-time, permanent faculty, classified, and non-classified staff.**

**-Student must remain in Academic Good Standing for renewal.**

**Employee Name**

**Location of employment**

**Relationship to Employee**

**Return to:**

**Bluefield State University  
Financial Aid Office  
219 Rock Street  
Conley Hall, C-106  
Bluefield, WV 24701**

**or Email to  
FinancialAid@bluefieldstate.edu**

**The information provided on this application form is true and correct, to the best of my knowledge. I authorize Bluefield State University to access my student records. In addition, if awarded, I grant permission to BSU personnel to release information on my academic progress to donors**

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