



WINSTON-SALEM STATE UNIVERSITY

ATLANTA CHAPTER OF WSSUNAA

LEGACY SCHOLARSHIP APPLICATION FORM

Alumni Legacy Applicant Information:

First Name **Last Name**

Permanent Address: Street **City** **State** **Zip Code**

Email Address

Home Phone Number: _____ **Other Contact Number:** _____

High School or preparatory school last attended and Date of Graduation:

Current GPA: _____

Date of Enrollment @ WSSU _____

Alumni Chapter Relative Information

First Name **Last Name**

Years of Membership In Chapter _____ **Other Chapter Affiliation** _____

By signing the application, I attest to the Scholarship Committee of the Atlanta Chapter that the information is accurate to the best of my knowledge.

Signature

Date

**Please submit all completed scholarship applications to:
WSSU Scholarship Committee
Via Email to wssuatl@gmail.com
Due Date: March 30th**