



# Wallace State Community College

## Presidential Transfer Scholarship Application Transfer Student

Please complete this form and mail to: Financial Aid Office  
Wallace State Community College  
P.O. Box 2000  
Hanceville, AL 35077

Wallace State Community College has the opportunity for our students to receive transfer scholarships to some of Alabama's state universities. Please complete this application and attach a cover letter to Dr. Vicki P. Hawsey, President. Include two reference letters and a Wallace State Community College transcript.

Choose Only One:

- |   |  |
|---|--|
| <input type="checkbox"/> University of Alabama-Birmingham | <input type="checkbox"/> University of Alabama         |
| <input type="checkbox"/> University of Montevallo         | <input type="checkbox"/> Jacksonville State University |
| <input type="checkbox"/> University of West Alabama       |  |

Admission Application Completed  Yes  No

Full Name \_\_\_\_\_  
Last
First
Middle/Maiden

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Street

Zip \_\_\_\_\_ County \_\_\_\_\_

Student # \_\_\_\_\_ Major \_\_\_\_\_

High School \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

ACT Composite \_\_\_\_\_ Date Taken \_\_\_\_\_

SAT Composite \_\_\_\_\_ Date Taken \_\_\_\_\_

### WSSC Honors, Awards, and Club Affiliations

(If necessary use an additional sheet of paper)

Name	Date	Signature of Verification
_____	_____	_____
_____	_____	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

*It is the policy of the Alabama State Board of Education and Wallace State Community College, a Postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied of, or be subjected to discrimination under any program, activity, or employment.*