



Virgin Islands Career and Technical Education Board

Scholarship Grant Application

2022/2023

Scholarship Information

Directions: Please complete in its entirety. Print Clearly or Type

Scholarship Applying For <i>(Read Eligibility Requirement on Applicable Rules Packet prior to selecting Scholarship)</i>	<input type="checkbox"/> ALBERT RAGSTER, JR. SCHOLARSHIP <i>(Student of Higher Education in CTE Program)</i> <input type="checkbox"/> JAMES PETERSEN, JR. SCHOLARSHIP <i>(Occupational Student going to College for the first time)</i>
Have you applied for this Scholarship before? <input type="checkbox"/> Yes Year(s): _____ <input type="checkbox"/> No	
Have you received this Scholarship? <input type="checkbox"/> Yes Year(s): _____ <input type="checkbox"/> No	

Applicant Information

Last Name	First	M.I.
Social Security #	Date of Birth	Place of Birth
Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other		
Number of Years Residing in the Virgin Islands	Current Resident of what Island?	
Permanent Home Address		
Mailing Address		
City	State	ZIP
Home Phone ()		Cell Phone ()
E-Mail		

Educational Institution Information

Name of Institution	Phone ()	
Address		
City	State	ZIP
Enrollment Status	Level	Student ID
Major Course of Study		
Anticipated Graduation Date from Higher Institution		
What is your long-term education goal?		
What is your long-term career goal?		

Applicant General Information

Employment: If you work and go to school, please tell us where you work, how long you have worked there, what you do, and how many hours you work each week.

Community Involvement: If you volunteer in your community, please tell us of your involvement within the community (what you do, how long you have been involved with the organization/activity).

Scholarship Need: Why are you applying for this scholarship and how would this grant be helpful to you? (Attach separate sheet, if needed.)

How did you hear about this scholarship?



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Financial Need Information

Accommodation while in School
 Parents On-Campus Off-Campus Other

Estimated Total Cost of Education	<ul style="list-style-type: none"> • Tuition \$ _____ Books \$ _____ • Room/Board \$ _____ Total \$ _____
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List Other Financial Aid For Which You Applied

1. _____	Granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	Granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	Granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Amount Granted: 1. _____ 2. _____ 3. _____

Recommendation Information

Please enter information requested for three individuals (i.e., teacher, supervisor, other) who will submit a recommendation on your behalf.

Full Name	Relationship
Title	Phone ()
Full Name	Relationship
Title	Phone ()
Full Name	Relationship
Title	Phone ()

Optional Information

The information provided in this section is optional. It will be used only for statistical purposes.

Ethnicity African American Asian American Caucasian/White Hispanic Other:

Gender Male Female

Signature

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts that could otherwise jeopardize consideration of my application. I hereby authorize the educational institution here listed to release official information regarding my academic progress and status, for the purpose of evaluating my eligibility as a scholarship recipient. I understand that if any information provided on this application is found to be inaccurate, my scholarship may be revoked and monies used will have to be reimbursed. I understand that scholarship awards are based on the availability of funds.

Applicant Signature: _____ Date: _____

Signature authorizing release of information: _____ Date: _____

Authorized Individual Self Parent - Printed Name: _____

For use only by the V.I. Career and Technical Education Board

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	AMOUNT GRANTED
CHECK NO.	DATE CHECK ISSUED	
CHAIRPERSON SIGNATURE		