



# Fort Valley State University

A State and Land Grant University  
University System of Georgia

## Office of Financial Aid

1005 State University Drive \* Fort Valley, GA 31030-4313

### FORT VALLEY STATE UNIVERSITY JAMES H. PORTER SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: May 15

Application Year: \_\_\_\_\_--\_\_\_\_\_

(Please TYPE or PRINT)

GA. Resident: ( ) Yes ( ) NO  
Are you a first time Porter applicant? ( ) Yes ( ) No  
Are you a prior recipient of the Porter Scholarship? ( ) Yes ( ) No

FVSU ID#: \_\_\_\_\_

Return Application to:  
FORT VALLEY STATE UNIVERSITY  
OFFICE OF FINANCIAL AID  
1005 STATE UNIVERSITY DRIVE  
FORT VALLEY, GEORGIA 31030  
(478) 825-6363 OFFICE  
(478) 825-6976 FAX

#### PERSONAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (MI)

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

(Street)

(City)

(State)

(Zip)

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### ACADEMIC INFORMATION

Classification: ( ) Entering Freshman ( ) Returning Freshman ( ) Sophomore ( ) Junior ( ) Senior

Major: \_\_\_\_\_ Expected College Graduation Date: \_\_\_\_\_

Entering Freshman Applicants: High School GPA: \_\_\_\_\_ SAT/ACT Composite Score: \_\_\_\_\_

College Applicants: Undergraduate GPA: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Career Goal: \_\_\_\_\_

*I hereby give permission to Fort Valley State University to share this information for the purpose of review and public relations. If necessary, I also authorize the release of all transcripts and test scores to Fort Valley State University. If it is determined that I have knowingly provided false information, I understand I may be required to repay all scholarships awarded based on this information or forfeit any remaining scholarship funds.*

Signature

Date