

**MAIL COMPLETED FORM TO:**

VSAC Scholarships Program
10 East Allen Street, PO Box 2000
Winooski, VT 05404
TOLL FREE 888-253-4819
BURLINGTON AREA 802-654-3798
E-MAIL scholarships@vsac.org
FAX 802-654-3765

APPLICANT'S**SOCIAL SECURITY #** _____**APPLICANT'S NAME** _____*(print full name)*

2025–2026 Unified Scholarship Application (USA)

This form is required for every VSAC-assisted scholarship and forgivable loan. It must be completed by the applicant in order to be considered by scholarship committee(s). Do not leave any section blank.

SECTION I: Applicant Information

Permanent mailing address <i>(maximum two lines)</i>	City	State	ZIP code <i>(+4 digit ext)</i>
Primary phone number			
Primary e-mail address			
Date of birth <i>(mm/dd/yyyy)</i>	Gender <i>(please check one):</i> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Answer		
Marital status <i>(please check one):</i> <input type="checkbox"/> married/remarried <input type="checkbox"/> single <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Are you a U.S. citizen or eligible noncitizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION II: General Information

Have either of your parents earned a four-year bachelor's Degree? <i>Please check one:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION III: Residency

Are you a Vermont resident? <i>(please check one):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	I have lived in Vermont since <i>(mm/dd/yyyy):</i>
Vermont town of legal residence	Number of years lived in town of legal residence

SECTION IV: High School

Name of high school from which you have (or will) graduate	
High school graduation status <i>(please check one):</i> <input type="checkbox"/> I am a high school senior (or am working on my GED) and expect to receive a high school diploma or GED certificate by the end of the current school year. <input type="checkbox"/> I have already graduated from high school or obtained a GED certificate.	

(complete pages 1–3)

SECTION V: College/University/Program (academic year 2025–2026)

Name of the college/university/program you are most likely to attend during academic year 2025–2026:	
City & state where this college/university/program is located:	Date you expect to graduate from this college/university/program (mm/yyyy):
Will you receive your first associate's (two-year) degree from any college/university by September 1, 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you receive your first bachelor's (four-year) degree from any college/university by September 1, 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No
Select the program or degree you will pursue during academic year 2025–2026 (please check one): Cert/ND/Undergrad programs (one–four year program) <input type="checkbox"/> Certificate program (one-year) <input type="checkbox"/> Associate's degree (AA, AAS, AS, two-year) <input type="checkbox"/> Licensed practical nursing degree (LPN, one-year) <input type="checkbox"/> Bachelor's degree (BA, BFA, BS, BSW, four-year) <input type="checkbox"/> Registered nursing degree (RN, four-year) <input type="checkbox"/> Non-degree program (not enrolled in a degree program) Graduate/professional programs (earned <i>after</i> bachelor or master's degree) <input type="checkbox"/> Master's degree <input type="checkbox"/> Medical doctor (MD) <input type="checkbox"/> Doctor of dental medicine or surgery (DDS, DDM) <input type="checkbox"/> Doctorate degree	
What is the major or field of study you will pursue during academic year 2025–2026?	Are you pursuing a double major? If so, provide the second major or field of study you will pursue during academic year 2025–2026?
Select your year in college/university/program for the academic year 2025–2026 (please check one): <input type="checkbox"/> Freshman/first year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other	Select your enrollment status for the academic year 2025–2026 (please check one): <input type="checkbox"/> Full time (generally 12+ credits/term) <input type="checkbox"/> Three-quarter time (generally 9–11 credits/term) <input type="checkbox"/> Half time (generally 6–8 credits/term) <input type="checkbox"/> Quarter time (generally 3–5 credits/term) <input type="checkbox"/> Less than quarter time (generally 1–2 credits/term) <input type="checkbox"/> I do not expect to be enrolled.

SECTION VI: Scholarships and Forgivable Loans

List the VSAC ID of each VSAC-assisted scholarship or forgivable loan for which you meet ALL eligibility requirements. The VSAC ID is a code that VSAC uses to identify each program. They are located just above the black toolbar of each scholarship description in VSAC's Scholarships & Forgivable Loans booklet.

VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:
VSAC ID:	VSAC ID:	VSAC ID:	VSAC ID:

SECTION VII: Certification and Signature

By signing this application, I certify the accuracy of this completed form and any accompanying, required or related documents submitted with it at any time; and, if requested, I agree to provide proof of the information in this application. I also give permission for the Vermont Student Assistance Corporation (VSAC) to request and use data from my Free Application for Federal Student Aid (FAFSA), as well as data and materials from this application, to determine my eligibility for VSAC-administered scholarships.

I authorize VSAC to share the financial and other information in this application and any required/related documents, and in my FAFSA, with VSAC scholarship processing and reviewing staff, donors, selection committees, scholarship boards, and others for identifying eligible students, determining eligibility, selecting and notifying recipients and verifying my enrollment at educational institutions, training institutions, colleges, and universities. I also authorize VSAC to obtain pertinent eligibility and related information about me from any of these individuals or organizations. I give VSAC permission to share my information in this application and in any required or related documents (e.g., recommendation letters, essays, transcripts) with scholarship donors who may, in turn, share the content of these materials with their family members, boards, or membership. I understand that if I receive an award, someone from the scholarship committee may contact me about the award. If selected to receive a scholarship, I give permission for a publicity release about my scholarship to be shared with the public and with news media.

I agree that VSAC and any of VSAC's agents and service providers (collectively, "VSAC") may call me; leave me a voice-, prerecorded, or artificial-voice message; or send me a text, e-mail, or other electronic message for any purpose related to my scholarship or other financial aid, including loans, VSAC products and services, and surveys or research (each a "Communication"). I agree that VSAC may call or text me at any telephone number, including cellular telephone numbers, associated with my financial aid, including loans, and may send an e-mail to any e-mail address associated with my financial aid. I also agree that VSAC may include my personal information in a Communication and may call me and send other Communications to me using an automatic telephone dialing system. I understand that VSAC will not charge me for a Communication, but my service provider may. In addition, I understand and agree VSAC may always communicate with me in any manner permissible by law that does not require my separate prior consent.

I understand that because of variations in investment returns and other factors, any award I receive may vary up or down from the amount published in VSAC's Scholarships & Forgivable Loans booklet, or no award may be available.

Under the Privacy Act of 1974, I understand that I am not required to provide my Social Security number; however, if I don't provide it, I will not be considered for VSAC-administered scholarships.

I agree to promptly refund and repay to VSAC any portion of funds awarded to me in a grant, scholarship, or loan that VSAC determines to have been based upon incorrect information contained on or submitted in connection with this application.

If this is a renewable scholarship, these certifications apply to each year I am considered for an award.

VSAC cannot guarantee that applicants will receive scholarships. Further, by signing this form, I agree to hold harmless, defend, and indemnify VSAC, as well as its charitable affiliate, the Vermont Student Development Fund, Inc., d/b/a the Vermont Scholarship Fund, and their respective employees, officers, directors, agents, and volunteers for any of my acts, failures to act, or omissions.

APPLICANT'S SIGNATURE

DATE