

State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

**WV CONSOLIDATED PUBLIC RETIREMENT BOARD
DEPUTY SHERIFFS RETIREMENT SYSTEM**

APPLICATION FOR SCHOLARSHIP

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____ DATE OF BIRTH: _____

DECEASED MEMBERS NAME: _____ DATE OF DEATH: _____

SCHOOL FOR WHICH APPLICATION IS MADE: _____

SCHOOL'S ADDRESS: _____

HAVE YOU BEEN ACCEPTED TO THIS SCHOOL? YES NO

ACT SCORE: _____ or SAT SCORE: _____

SCHOOL YOU LAST ATTENDED: _____ GRADE POINT AVERAGE: _____

I hereby certify that the above named applicant is a dependent child of a deceased member of the West Virginia Deputy Sheriffs Retirement System, as defined by W. Va. Code Section 7-14D-2(n), that said member was killed in the line of duty, and that the information contained herein is true and correct to the best of my knowledge.

Signature of Parent or Applicant (if over 18)

REPORT OF RETIREMENT BOARD ACTION

DATE RECEIVED: _____ DATE CONSIDERED: _____

RECOMMENDATION

DENIAL

(Chairman, Retirement Board)

(Chairman, Retirement Board)

(Executive Secretary, Retirement Board)

(Executive Secretary, Retirement Board)

AWARD AMOUNT: _____

NOTIFICATION DATE: _____