

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**  
**WV PUBLIC SAFETY DEATH, DISABILITY & RETIREMENT SYSTEM**  
**and**  
**WV STATE POLICE 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 Public Safety Death, Disability & Retirement System or the West Virginia State Police Retirement System, as defined by W. Va. Code Section, 15-2-39, 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: \_\_\_\_\_