

# ARAMARK

## UPPER DIVISION STUDENT SCHOLARSHIP

**CRITERIA:** The applicant must:

- Be enrolled in one of VTC's Baccalaureate Degree Programs
- Have demonstrated academic excellence
- May Have a demonstrated financial need

**ESSAY REQUIRED:** Please attach a brief explanation of what your overall educational and professional goals are. You may include a description of awards and honors you have received, and community service, employment, or other significant activities in which you have been involved with recently that you would like the scholarship committee to take into consideration.

**AMOUNT:**

- One \$1,000 scholarship annually

Name: _____	Student ID# _____
Student Type: <input type="checkbox"/> New	<input type="checkbox"/> Returning
Academic Major: _____	Current GPA _____
Address: _____	
_____	
email: _____	
Have you filed the Free Application for Federal Student Aid (FAFSA)?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Date Filed: _____	

**APPLICATION DEADLINE:** March 15th.

**PLEASE RETURN COMPLETED FORM AND ESSAY TO:**

**Financial Aid Office  
P.O. Box 500  
Randolph Center, VT 05061**

**Questions:** Call, 800.965.8790, [finaid@vtc.edu](mailto:finaid@vtc.edu)

Office Use Only:
<input type="checkbox"/> END <input checked="" type="checkbox"/> ASC <input type="checkbox"/> QE
<input checked="" type="checkbox"/> IHS <input type="checkbox"/> MAS